



# Gurnick Academy of Medical Arts Transcript Request Form

Registrar office fax and email address: (888) 812-4257, [registrar@gurnick.edu](mailto:registrar@gurnick.edu).

### Campus Attended:

- San Mateo Campus: 2121 S El Camino Real, Bldg C200 San Mateo, CA 94403
- Concord Campus: 1401 Willow Pass Rd, Ste 450 Concord, CA 94520
- Modesto Campus: 4712 Stoddard Road, Ste 200 Modesto, CA 95356
- Fresno Campus: 7335 N Palm Bluffs Ave Fresno, CA 93711

### Student Info:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Program Attended:

- Medical Assistant     Nursing Assistant     Physical Therapist Assistant     Radiologic Technology     Vocational Nurse
- MRI Technology     Phlebotomy Technician     Psychiatric Technician     Ultrasound Technology     RN to BSN

Dates Attended: \_\_\_\_\_

### Transcript Type:

- OFFICIAL Transcripts cost \$15.00 each for regular delivery (2 weeks).\*  
 Number Requested \_\_\_\_\_ Total Cost \_\_\_\_\_  
 \*If applying for a CNA certification for the first time, please check the following box for fee waiver.
- RUSHED OFFICIAL Transcripts cost \$30.00 each and must be paid online through credit card (5 business days).  
 Number Requested \_\_\_\_\_ Total Cost \_\_\_\_\_
- UNOFFICIAL Transcripts are free.  
 Number Requested \_\_\_\_\_

### Form of Payment:

ONLINE PAYMENTS ENSURE THE QUICKEST DELIVERY AND CAN BE MADE THROUGH OUR WEBSITE:

[www.gurnick.edu/online-payment](http://www.gurnick.edu/online-payment)

- Credit Card Online Payment (required for rushed transcripts)     Money Order
- Check #: \_\_\_\_\_ (take a minimum of 2 weeks to clear)     Cashier's Check

### Transcript(s) to be:

- Picked up in Person
- Mailed to
  - Transcript type:  Official     Unofficial
  - Number of transcripts: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
- Transcript type:  Official     Unofficial
- Number of transcripts: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

PLEASE NOTE THAT A TRANSCRIPT IS NO LONGER CONSIDERED OFFICIAL ONCE THE SCHOOL SEAL ON THE ENVELOPE IS BROKEN.

### FOR SCHOOL USE ONLY:

Registrar Signature \_\_\_\_\_ Date of Receipt \_\_\_\_\_ Issue Date \_\_\_\_\_ Picked up in person:   
 Mailed: