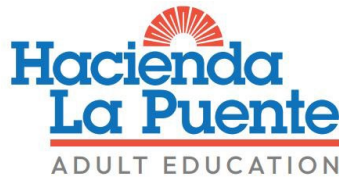


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ADULT EDUCATION  
HEALTH CAREERS  
TRANSCRIPT REQUEST

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Email: \_\_\_\_\_

I attended HLP AE from \_\_\_\_\_ to \_\_\_\_\_

Program Attended: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

Please send an official copy of my transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*\*Transcripts processing time is 7-10 business days.***

Number of Copies requesting \_\_\_\_\_

\$5.00 per transcript

(cash, credit, debit or money order accepted, *NO PERSONAL CHECKS WILL BE ACCEPTED*)

Amount included \$ \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***\*Please provide picture identification when submitting your request.***