



Schlicher-Kratz Institute  
515 Stump Road - Suite 220  
North Wales, PA 19454  
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Fax 215-855-9332  
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### REQUEST FOR OFFICIAL TRANSCRIPT

NAME : First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Any Other Names Used While You Were a Student: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

#### PLEASE CHECK THE TYPE OF TRANSCRIPT YOU ARE REQUESTING:

Real Estate Pre-Licensing Transcript for Fundamentals and Practice

Date Courses Completed: \_\_\_\_\_

Transcript - Other:

Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_

Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_

#### PLEASE CHECK FORWARDING INSTRUCTIONS:

Mail to current address.

Email to address on file

I will pick up transcripts at the Montgomeryville Office. (Photo ID is required.)

#### AFFIDAVIT & AUTHORIZATION:

I certify that I am the person requesting the transcript and that I authorize Schlicher-Kratz Institute to release my transcripts. (Please note: Transcripts will not be released if you have a financial obligation to our school.)

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

#### PLEASE CHECK PAYMENT OPTION - COST IS \$10.00 PER REQUEST FORM:

Check Enclosed - Made payable to *Schlicher-Kratz Institute*

Credit Card - (*Visa, M/C, Discover*) # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code (CVV) \_\_\_\_\_ Billing Address \_\_\_\_\_

#### For Office Use Only: Check # or CC Approval #: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_