



Schlicher-Kratz Institute  
515 Stump Road - Suite 220  
North Wales, PA 19454  
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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 \_\_\_\_\_

PLEASE CHECK THE TYPE OF TRANSCRIPT YOU ARE REQUESTING:

- Real Estate PreLicensing Transcript for Fundamentals and Practice  
Date Courses Completed: \_\_\_\_\_
- Real Estate Broker Transcript  
Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_  
Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_
- Real Estate Continuing Education Transcript  
Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_  
Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_
- Appraisal Transcript  
Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_
- Appraisal Continuing Education Transcript  
Name of Class: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_

PLEASE CHECK FORWARDING INSTRUCTIONS:

- Mail to my address. (We will only mail transcripts to you.)
- 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: \_\_\_\_\_