



LIFECHIROPRACTIC

COLLEGE WEST

Directions: Please complete this request for transcript and **mail directly to** the college or institution holding your transcripts. Remember to complete one request for the two highest degrees you hold.

Request for Transcript

To: **Registrar**

Name of College/Institution

Address

City

State

Zip

This is to request an official copy of my college transcript to be sent to:

Human Resources Department
Life Chiropractic College West
25001 Industrial Blvd.
Hayward, CA 94545

Enclosed is \$_____ to cover the cost.

Student Information

Last Name

First

Initial

Maiden

Social Security Number

Birth date

Mailing Address

City

State

Zip

Last date(s) attended:

Quarter/Semester

Year

Student Signature

Date