

MED-LINE SCHOOL

17130 E. Desert Vista Trail
Phone: 480-471-9797

Rio Verde, AZ 85263
Fax: 888-474-3076

TRANSCRIPT REQUEST

Date _____

Please send an official copy of my transcript to:

Full Name: _____

Social Security Number: _____

Program: _____

Signature: _____

Med-Line values the privacy of its students. All transcript requests must be notarized to ensure that the student is requesting the information. Notarized transcript requests should be mailed to the address above along with a \$10 processing fee. Transcripts cannot be requested by fax or email. The original signed and notarized document must be mailed in order to be processed.

Acknowledgment where document signer is personally known by the Notary:

State of _____)

)

County of _____)

On this _____ day of _____, 20____, before me personally

appeared _____ (name of signer), whom I

know personally, and acknowledged that he/she executed the same.

(seal)

Notary Public