



Hendrickson Method® Institute

Transcript Request Form

Please complete this form and return it to Hendrickson Method Institute with payment for the requested transcripts.
Please print.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Organization(s) Transcripts are to be mailed to:

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list the courses for which you are requesting transcripts:

Course Name: _____ Year(s) attended: _____

Course Name: _____ Year(s) attended: _____

Course Name: _____ Year(s) attended: _____

Course Name: _____ Year(s) attended: _____

Transcript Fee: **\$20.00** per transcript

• **Number of Transcripts requested:** _____

• **Total request fee:** _____

For credit cards, circle the card type and provide the information below: Visa or MasterCard

Account number: _____ Exp. date: _____

Signature: _____ Amount*: _____

Please make checks payable to Hendrickson Method Institute.

Return transcript request and payment to:

Hendrickson Method Institute

388 Colusa Ave.

Kensington, CA 94707

Tel: 510-524-3107 Fax: 510-524-8242

Transcript requests are typically filled within 2-3 business days. One set is mailed to the organization(s) requested and a complimentary set is mailed to you. For further questions please refer to the number above or email school@hendricksonmethod.com