

**Hearts Associates Institute
1054 Gateway Blvd Suite 110
Boynton Beach FL. 33426**

Dear Sir/Madam:

I, _____ (student), give permission to _____ (school)
send _____ copy(ies) of my official transcript to the name and address identified below.

Student's Full Name: _____

Social Security Number: _____ / _____ / _____

(Name & Address of Requestor)

(Phone number & Email address)

WHERE TRANSCRIPT SHOULD BE SENT TO **(If mailing out)**

Pick-up from Hearts Associates Institute (Boynton Beach Campus)

Credit Card Information

Credit Card Type: MasterCard Visa American Express Discover Card

Name on Card: _____

Number: _____

Expiration Month: _____ **Expiration Year:** _____

Cardholder Signature X _____ **Date** ____/____/____

Security Code: _____

(Signature, Date)

Please allow 3-5 working days for transcript requests. Transcripts are \$10.00 per copy follow the instruction on the form to pay for the transcripts.

Email This Request to registrar@haicampus.com
Tel: 561-810-6161 – 561-528-2940