



TRANSCRIPT REQUEST FORM

Please indicate which class you are requesting a transcript(s) for:

- Open Water Diver (1 Lower Division or Vocational Credit in Recreation or PE)
- Stress and Rescue (1 Vocational Credit in Recreation or PE)
- Dive Control Specialist (2 Lower Division or Vocational Credits in Recreation or PE)
- Open Water Diver Instructor (3 Upper Division or Vocational Credits in Recreation or PE)

PERSONAL INFORMATION

Directions: Fill in **all** spaces completely. Please print legibly. Incomplete or unreadable requests will be delayed.

Name: _____ Date: _____
 Street: _____ Apt.#: _____ City: _____
 State/Province: _____ Country: _____ Zip: _____
 Phone (W): _____ (H): _____ Fax: _____ Email: _____
 Certification Number (As it appears on your C-Card): _____ Year Certified: _____
 Identification Number (As issued by Institution): _____ Date of Birth: _____

TRANSCRIPT MAILING INFORMATION

Directions: Please indicate where you would like your transcript to be sent.

Send Transcripts To:

Self

Please send _____ transcript copies to the address listed above in the "Personal Information" section.

College or University*

Institution Name: _____
 Attention To: _____
 Street: _____ City: _____
 State/Province: _____ Country: _____ Zip: _____

* One transcript will be sent to the institution listed. If additional transcripts need to be sent to other institutions, please include the above information for each institution on a separate sheet of paper.

PAYMENT INFORMATION

Transcript Service Fee: \$10.00 for the initial transcript and \$10.00 for each transcript copy ordered.

Initial Transcript: _____ x \$10.00 = _____

Transcript Copies: _____ x \$10.00 = _____

Total: _____

Payment Method:

- Credit Card (Master Card, Visa, American Express, Discover)
- Check (Payable to Scuba Schools International)

Card Number: _____ Expires: _____
 Cardholder Name (Please Print) _____
 Signature: _____

Note: If paying by credit card, mail or fax this form to SSI Headquarters. If paying by check, mail this form and your payment together to SSI Headquarters. Please allow 10 business days for processing.

FOR OFFICE USE ONLY: Date Received _____ Date Verified _____ By _____ Date Sent _____