

Alumni Official Transcript Request Form

Print this form, fill out and mail

In order to serve you better, please fill out the information requested below. All fields are required.

Last Name (used when enrolled) _____

Last Name (used now) _____

First Name _____

Date of Enrollment: Year _____ Month _____

Date of Graduation: Year _____ Month _____ I did not graduate

Social Security Number: ____ / ____ / _____

Phone Number _____ Email: _____

Personal Address: _____

City _____ State _____ Zip _____

Address where the transcript need to be mailed to:

Transcripts take up to 14 days to process.

Transcript fees must be paid before your transcript request will be processed. You may ask for the transcript to be sent to your address by First-Class Mail or you may pick up the transcript at school location, during business hours.

Cost: \$120

Please make your check to:

North Eastern Institute of Whole Health (or NEIWH)

Mail your application with your check to:

North Eastern Institute of Whole Health

22 Bridge Street, Manchester, NH, 03101