



# 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 \_\_\_\_\_