



Corporate Headquarters: 80 Beckwith Avenue, • Paterson, NJ 07503
Phone: 800-225-1080 • Fax: 973-345-7838 • Web: www.allstate-im.com

Request for Release of Transcript on behalf of Omega Institute

Allstate Information Management has retained copies of student transcripts for Omega Institute to be release to students upon completion of this release form and prepayment of \$25.00 for processing the request.

How to complete this form:

- Fill in the name and address of the student requesting copy of transcript.
- Provide us with a working email address to send electronic copy of transcript.
- Include the start date, year of graduation and the course study.
- Include photocopy of 2 forms of identification. One form must have picture of student.
- Prepayment of \$25.00 for all requests- include all necessary credit card information below.
- Scan and email form to cs@allstate-im.com
- Allow 48 hours to process request.

Student full name: _____

Address: _____

Email address: _____

Phone #: _____

Start date: _____

Year of graduation: _____

Program studied: _____

Credit card information: _____

Exp date: _____

CCV: _____

Identification form #1

Identification form #2

Place ID here

Place Id here

Authorization: I certify this request has been made freely, and without coercion and that the information give above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of my transcript after form is submitted and \$25.00 access fee has been charged to my credit card supplied.

Signature: _____

Date: _____