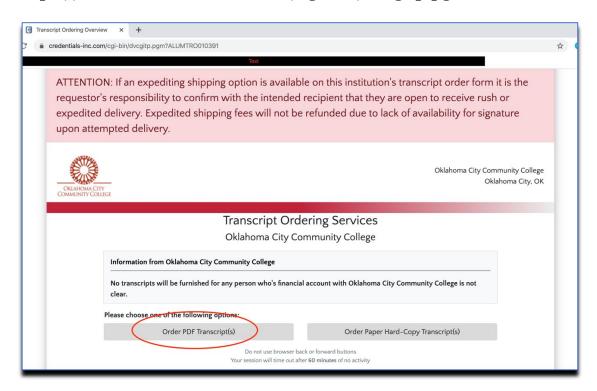
## **Nursing CAS Transcript Instructions**

## https://www.credentials-inc.com/cgi-bin/dvcgitp.pgm?ALUMTRO010391



Student Information							
Information needed to locate your records							
Student ID	1212121 I don't know my Student ID	Enter all Si	rudent Information required				
Attended From Year	2020 Required	on this pa	be and click Next at bottom ht when completed.				
Attended To Year	2020 *Required						
Birth Date	01011990 •Required						
Enter names as they exist in the school records							
First Name	SALLY		*Required				
Middle Name	Enter if you think it is on your school record						
Last Name	SMITH •Required						
Suffix	(optional) Jr, Sr, etc.						
Other Last Names	(optional)						

Please choose a service for this order	
Regular Service - Official Deliver to Recipient	Choose Regular Service, Send
\$5.00 per copy Allow 3-5 business days after receipt of authorization form.	Now and For Undergraduate Admission and click Next in bottom right of page.
Rush Service - Official Deliver to Recipient	
\$10.00 per copy Allow 1 business day after receipt of authorization form.	
Tell us when to release your transcript(s)	
Send Now (current term grades might not be included)	
Hold until grades have been posted for:	
○ Fall Semester	
◯ Hold until current semester degrees have been posted	
Other information required by Oklahoma City Community College	
Primary Reason for Ordering For Undergraduate Admission	juired

	Student Info	Order Options	Recipient(s)	Summary	Payment
		>			>
Please choose a type of re	cipient				
<ul> <li>Search our Recipient Ta</li> </ul>	ble				
Choose this option to se		nat are already set i	up in our system.		
This is the only way to f		,		ctronically.	
	0				
Myself					
• Select an Application Se Choose this option for A		es such as AMCAS	ISAC DHADMCA	Siete	Choose Select an Application Service and then use drop down
Choose an Application S		es such as AiviCAS,	, LSAC, FHARMICA	5, etc.	list to choose Nursing CAS Transcript Department. Click
NURSING CAS TRANSCRIP	T DEPARTMENT			÷	Next under the drop down menu.
Next					
O Direct Access Code Loo	kup				
Choose this option if yo	u were provided	with a "Direct Acce	ess Code" by your r	ecipient.	
C Enter Recipient Manuall	у				

Transcript Recipient 1					
Delivery Method	PDF Download				
Recipient Information					
Special Instructions for This Recip	TRANSCRIPT DEPARTMENT NURSING CAS WATERTOWN MA 02471-9201 617-612-2880	<ul> <li>Put Nursing CAS ID into the box and confirm the recipient by checking the box at bottom left of page. Then click Next at bottom right of page.</li> <li>If help is needed finding the Nursing CAS ID, please click on "Where do I find this?" for additional assistance.</li> </ul>			
Identifier shown under the bar o	5 II	) as the recipient on this order. By entering the full Nursing CAS uest Form in the field below, you will not have to scan and upload the			
The Nursing CAS Info is your Nu	ursing CAS ID (10 digits) followed by a '-' CAS Transcript Request Form below the	followed by more numbers followed by a '-' followed by a letter			
	Where do I find this?				
The application service will confirm receipt of your transcript by sending an email to the address you provided when you registered for their service. If you don't receive this confirmation within 7 days of our notification that your order has been completed, please contact them directly.					

	Quantity	<b>Delivery Method</b>	Recipient	Actions
doub	1 Transcript the order information le check Nursing CAS I k Continue to Summary	D. )	NURSING CAS Special-Purpose Attachments required for this recipient: • We will automatically generate attachment containing your Application Service ID Nursing CAS 1234567890-54321- Info	
ome of the option	ns you have chosen limit t	his order to a single recipie	nt	

Cancel Order					Payment	
	nis Transcript Order:			\$5.00		
School Transcript Handling Charges				\$5.00 \$.00		
Summary of Charges				.25 150 050-5432		
and m	v all order info ake edits if ner to Payment i right of page.	cessary. n bottom		ed for this recipient: matically generate ar containing your Applic 1234567890-5432	cation	
	Quantity Deli	very Method	Recipient		Cuit	
our Recipient(s)					Edit	
Primary Re	ason for For Undergradu	ate Admission				
Serv When to Send Tr		<ul> <li>Official Deliver to Recipi rent term grades might not</li> </ul>				
Basic Order Informa					Edit	
Email Address:						
Telephone #:			Attended To Year:	2020		
			Birth Date: Attended From Year:	01/01/1990 2020		
Address:	SALLY SMITH		Student ID:	1212121		

☑ I have read and agree to the terms in the Credentials Transaction Agreement

**Refund Policy** 

Step 2: Payment Information	
Click here if you are having trouble seeing the pa	yment form below.
<b>Review Your Order</b>	Enter Payment Information completely and choose Submit Payment at bottom left of page.
Total Amount: USD 5.00	This will complete the order and
Pay With Your Credit Card	notification is sent to the email that was provided regarding order placement, order updates and order completion.
Credit Card Number	
1234567887654321	VISA 🐟 🚾 🔚 🔐 👫
Expiry Date (MMYY)	
0122	
Security Code	
123	
CVV2 is the Visa term for the 3-digit security code on the back $\sim \circ$	of the credit card (Visa and MasterCard). For American Express, it is 4-digits and located on the front.
Cardholder Name	
SALLY SMITH	