



School Transcript Request Form
Chicago College of Healing Arts
1622 W. Devon Chicago IL 60660
Phone (773)-764-5960 / Fax (773) 764-3228

CCHA Form: STRF-1

After over 25 years of providing educational excellence, the Chicago College of Healing Arts has closed all of its programs. The Founder, Althea Northage-Orr still continues to teach out of her private practice, the Chicago Center for Psychophysical Healing.

If you are a former student and need a transcript, mail your request to:

Chicago Center for Psychophysical Healing
1622 W. Devon
Chicago, IL 60660
Attention: Althea Northage-Orr

Please print out, complete, and mail this form with all requested information. Email or FAX requests will not be honored and transcripts may only be sent to a physical address. This is the only acceptable method to request transcripts, for security reasons. We do this to protect your personal information (Social Security number, etc.). Note that the identity information requested here will be verified against the information you provided for your school records before any transcript is sent. If your name has changed, you must supply the name you provided when you were a student at the school. Transcripts will not be provided to third parties, on your behalf. The request must come from you.

Please provide:

- Your name (as it was when you attended): _____
- Your current address : _____

- Your email address: _____
- Your phone number(s): _____
- Your birthdate: _____
- Your social security number: _____
- All programs you attended: _____
- If you need a program specific transcript (ex. Massage Therapy Program): _____
- If you need program transcripts for all programs attended, please check here: _____
- Dates of attendance (approximate): _____
- Where to mail the transcript(s) (Name, Address): _____

- Your Signature: _____

Partially completed transcript requests will not be honored.

Please allow a minimum of 2 – 3 weeks for delivery of transcript.