

# **HUNTINGDON COLLEGE**

1500 East Fairview Avenue Montgomery, Alabama 36106

Registrar's Office (334)833-4430 Fax (334)833-4313

## **REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD**

COMPLETE THE FOLLOWING REQUEST FORM. PLEASE ALLOW **5 BUSINESS DAYS** (AFTER THE DATE YOUR REQUEST IS CLEARED BY THE BUSINESS OFFICE) FOR YOUR TRANSCRIPT TO BE MAILED OUT. HUNTINGDON COLLEGE DOES NOT ISSUE UNOFFICIAL OR PARTIAL TRANSCRIPTS OF STUDENT RECORDS. HUNTINGDON COLLEGE ONLY ISSUES **OFFICIAL** TRANSCRIPTS. THE TRANSCRIPT ISSUED TO STUDENT WILL BE STAMPED **ISSUED TO STUDENT**. THIS OFFICE DOES NOT ISSUE OR REPRODUCE TRANSCRIPTS FROM OTHER INSTITUTIONS. REQUEST FOR TRANSCRIPTS OF WORK TAKEN AT OTHER INSTITUTIONS MUST BE DIRECTED TO THE INSTITUTION CONCERNED.

**STUDENTS ARE RESPONSIBLE FOR ENSURING THEIR ACCOUNTS ARE CLEAR AS TRANSCRIPTS ARE WITHHELD DUE TO OUTSTANDING ACCOUNTS.** TRANSCRIPT FEE: **\$4 PER TRANSCRIPT ISSUED** (AFTER FIRST COMPLEMENTARY COPY).

_____			_____		
First	Middle	Last Name	Name attended under (if different)		
_____			_____		
Current Address or Campus Box			Home Telephone or Campus Extension		
_____			_____		
City	State	Zip Code	Business Telephone (if applicable)		
_____	From _____	To _____	_____ / _____ / _____		
Social Security Number			Dates of Attendance		Date of Birth

### **SEND TRANSCRIPTS TO:** (Please PRINT full name and address)

_____			_____		
Name of Individual and/or Department			Name of Individual and/or Department		
_____			_____		
Institution or Company			Institution or Company		
_____			_____		
Address			Address		
_____			_____		
City	State	Zip Code	City	State	Zip Code
# of Copies _____			# of Copies _____		

**9** Additional address may be written on the back of this form. Please check here if applicable.

### **SPECIAL INSTRUCTIONS:**

<b><u>MAILING INSTRUCTIONS</u></b>	<b><u>METHOD OF PAYMENT</u></b>
<b>9</b> Immediately	<b>9</b> Check enclosed
<b>9</b> After grades are posted	<b>9</b> Cash
<b>9</b> After graduation posted	<b>9</b> Money order
_____	<b>9</b> Credit Card (VISA, MasterCard, American Express and Discover accepted)
<b>9</b> Regular Mail	Credit Card # _____
<b>9</b> Priority Mail (\$4.00 extra charge)	Expiration Date _____
<b>9</b> FedEx Overnight (\$12.95 extra charge - for Continental US - International locations are typically more	

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE**

<b>Business Office: Date</b> _____ <b>Approved</b> _____	<b>Registrar's Office: Rec'd</b> _____
<b>Student</b> _____ <b>Phone</b> _____	<b>Fee</b> _____ ( <b>9</b> First request <b>9</b> Scholarship)
<b>PC</b> _____ <b>Perkins</b> _____	<b>Approval Rec'd</b> _____
<b>W/O</b> _____ <b>Sent to</b> _____	<b>Sent</b> _____