

# Transcript Request

Hyles-Anderson College, Crown Point, IN 46307

You may email your signed form to the academic dean: [david.stubblefield@hylesanderson.edu](mailto:david.stubblefield@hylesanderson.edu)

- There is a processing period of up to two business days for transcript requests.
- At the beginning or end of a semester, please allow a one-week processing period.
- Transcripts will not be released to a student or former student whose Business Office account is not up to date.
- There is a \$10 charge per transcript.

Please print all information:

Name \_\_\_\_\_

Last

First

Middle/Maiden(Include all former names)

Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Last year enrolled at HAC: \_\_\_\_\_

Check all applicable items:

- Official transcript (**sent directly to an institution, employer, or agency**). *See below.\**
- Self-official transcript (addressed to an institution, employer, or agency, although mailed to you). Name of final recipient required. *See below.\**
- Unofficial transcript. Scanned or faxed transcripts are unofficial.  
Mailed unless otherwise stated.  Email  Fax \_\_\_\_\_
- Counter pick-up for self-official or unofficial transcripts.
- Hold for final grades: (**Transcript will not be held unless indicated below**).
- December  May  August  Independent learning course: \_\_\_\_\_

\*Name and address of recipient of official transcript (institution, employer, or agency):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## TRANSCRIPT AUTHORIZATION

\_\_\_\_\_  
Student's handwritten signature (required by Public Law 93-380)

\_\_\_\_\_  
Date