

OFFICIAL TRANSCRIPT REQUEST

Instructions:

- Please allow **7** to **10** business days for processing. Allow **14** business days for attendees prior to 1990.
- Transcripts issued to students with outstanding financial obligations to the University will be marked "Student's financial obligations to the University have not been met." These transcripts will not be sent to third parties.
- In accordance with federal law, transcripts cannot be released without the consent of the student. Official copies of transcripts **may not** be transmitted by fax or e-mail.

Student Information

Name: _____

Maiden Name: _____

Birth Date: _____

(Or other name used while at HSPH)

HUID: _____

Phone Number: _____

Academic Information

Date of Enrollment: _____

Date of Graduation: ____/____/____

Degree Program(s) (list all HSPH programs): _____

Request

Number of transcripts requested: _____

Total cost (\$2.00 per transcript): _____

 Process request with grades currently available. Process request after current term grades have been posted (Allow 3 to 6 weeks after period ends). Other: _____

Handling

 I will pick up the transcript at the Registrar's Office Please mail transcripts to the address(es) below:

Number of copies to address below:

Number of copies to address below:

Attach additional sheets if necessary. If requesting five or more, please provide preprinted mailing labels.

Student's Signature: _____

Date: ____/____/____

OFFICE USE ONLY

Date Completed: _____

Method submitted: _____