

## 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.

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### Student Information

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

(Or another name used while at HSPH)

HUID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### Academic Information

Date of Enrollment: \_\_\_\_\_

Date of Graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Degree Program(s) (list all HSPH programs):  
\_\_\_\_\_  
\_\_\_\_\_

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### Request

- ☐ Process request with grades currently available. Number of transcripts requested: \_\_\_\_\_
- ☐ Process request after current term grades have been posted (Allow 3 to 6 weeks after period ends).
- ☐ Other: \_\_\_\_\_

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### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### OFFICE USE ONLY

Date Completed: \_\_\_\_\_

Method submitted: \_\_\_\_\_