



# Transcript Request Form

Student Information – Only the student of record may request a transcript

Name (Last, First Middle)		Date of Birth	Social Security #
Student Address		Phone	Email

Request Details:

Number of Transcripts (\$10 ea) <input type="checkbox"/> 1 = \$10 <input type="checkbox"/> 2 = \$20 <input type="checkbox"/> 3 = \$30 <input type="checkbox"/> 4 = \$40 <input type="checkbox"/> 5 = \$50 <input type="checkbox"/> 6 = \$60	Processing <input type="checkbox"/> Regular 2 weeks <input type="checkbox"/> RUSH 48 hours <small>NOTE: For RUSH requests, a single \$15 rush fee applies in addition to the cost of transcripts.</small>	Also send free <b>UN</b> official copy to student address above?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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Instructions:

<b>1</b>	Institution Name and Address	<b>2</b>	Institution Name and Address	<b>3</b>	Institution Name and Address
<b>4</b>	Institution Name and Address	<b>5</b>	Institution Name and Address	<b>6</b>	Institution Name and Address

Signature:

Student Signature	Date
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Submit this signed form to Horizon University, Attn: Registrar for processing:

- in person or by mail at 7700 Indian Lake Rd., Indianapolis, IN 46236
- or scan and email to [registrar@horizonuniversity.edu](mailto:registrar@horizonuniversity.edu)

Note that transcripts will not be prepared or sent without payment.

Office Use Only

HU Official: _____	Date Received: _____	Total Due: \$ _____	
	Date Mailed: _____	Fees Paid: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES: