



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, City, State, Zip		Phone	Email

Request Details:

Number of Transcripts (\$10 each) <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 72 hours <small>NOTE: For RUSH requests, a single \$15 rush fee applies in addition to the cost of transcripts.</small>	Also send free UNofficial copy to student address above? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Instructions:

1	2	3
4	5	6

Signature:

Submit this signed form in person or by mail to Horizon University, Attn: Registrar, 7700 Indian Lake Rd., Indianapolis, IN 46236, or scan and email to registrar@horizonuniversity.edu for processing. Note that transcripts will not be prepared or sent without payment.

To pay online, request a Link to Pay when submitting this form. Payment can also be made directly with the Financial Office in person, by phone or by including a check with this form.

Student Signature _____
Date

Office Use Only

HU Official: _____ Date Received: _____ Total Due: \$ _____
 Date Mailed: _____ Fees Paid: Yes No

NOTES: