



Transcript Request Form

Please print

Date: _____

Current Last Name _____ First Name _____ Middle/Maiden Name(s) _____

Former Names if different from above _____

Your Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Business Phone _____

Birth date _____ Email _____

Social Security Number _____ Currently Enrolled? Yes No

Years of attendance at Harding School of Theology _____

Number of transcripts requested (Attach additional sheet if more than two.) _____

Name and address to receive first transcript: _____

Name and address to receive second transcript: _____

Handling: Mail now will pick up hold for current term's grades other:

No transcript of a student's record will be released until all financial and/or administrative obligations to Harding University have been satisfied. Transcripts are normally mailed within 3-5 working days of receipt of request. There is no charge for transcripts unless you order ten or more, in which case there is a \$1 per transcript charge.

Signature _____ Date _____

Mail, email, or fax this form to: "HST Transcript Request"

1000 Cherry Road, Memphis, TN 38117 · *email:* dean@hst.edu · *fax:* 901.761.1358
call: 901.761.1352

(If ordering ten or more transcripts, please include payment by check or money order.)