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**TRANSCRIPT REQUEST**

Please complete the following form to authorize the release of an official transcript. This transcript request form may be returned to the Registrar via fax, or mail. Transcript requests are processed within 10 business days of receipt. There is a $15 fee per transcript issued.

Please note: Official transcripts cannot be sent by fax or email. Hondros College of Business will not issue an official transcript until all financial obligations have been met.

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

#  Last First Initial Maiden

Social Security Number - Last 4 digits: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/Day Telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Transcripts Requested: \_\_\_\_\_\_\_\_\_

**PLEASE SEND A TRANSCRIPT TO THE FOLLOWING LOCATION(S):**

\_\_\_ Self at the address listed above. Please note, once the transcript is open, it is no longer official.

\_\_\_ To the institution(s) listed below:

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am authorizing payment for the following amount:

Total Fees: $ \_\_\_\_\_\_\_\_

**I hereby authorize Hondros College of Business to release my requested information to a third party, if applicable.**

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

Signature

**Payment Information - Payment Information - Payments can be made by phone at 800-783-0097, fax or mail.**

\_\_\_Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AMEX

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \*Three digit Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Security code will be on the back of the card and is the last three numbers. If AMEX, this is a four-digit number.

Please send the completed form via fax or USPS to:

**Hondros College of Business ATTN: Registrar**

 4140 Executive Parkway, Westerville OH 43081 - Suite 222

Phone: 800-783-0097 or FAX #: 614-413-3914