



### Transcript Request Form

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.

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

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



**Transcript PAYMENT:**

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

I am authorizing payment to Hondros College of Business for the following amount:  
\$\_\_\_\_\_.

\_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ Discover      \_\_\_ AMEX

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

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

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

\_\_\_\_\_  
Signature

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

Please send the completed form via fax or USPS to:

**Hondros College of Business ATTN: Registrar**  
6584 North Hamilton Rd., Westerville OH 43081  
Phone: 800-783-0097 or FAX #: 614-413-3914

**Rev. 07.03.24**  
**FORM 702a**

**TRANSCRIPT REQUEST**