

HONDROS

COLLEGE OF BUSINESS

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.

Signature Date: _____

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