



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 email at hcobregistrar@hondros.com, fax or mail. Transcript requests are processed within 10 business days of receipt. \$15 fee may be paid by credit card via phone or by mail with a check.

Name: _____
Last First Initial
Maiden

Social Security Number - Last 4 digits: _____ Date of Birth: _____

Home Address: _____

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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: