

TRANSCRIPT REQUEST FORM

PLEASE FORWARD ALL REQUESTS TO:

- **PLEASE PRINT**
- **TRANSCRIPTS CAN NOT BE FAXED!**

Hesser College
Registrar's Office
3 Sundial Ave.
Manchester, NH 03103
603-668-6660 ext. 6428
603-314-0096 FAX

Transcript requests take 5 to 7 business days to process.
All information must be provided in order to process request.

PLEASE UPDATE MY ADDRESS

LAST NAME/S while attending Hesser FIRST NAME M.I. CURRENT LAST NAME

SOC. SEC. # _____ STUDENT ID# _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

Street City/State Zip Code
TELEPHONE #: Day: (____) _____ - _____ Eve: (____) _____ - _____ Cell: (____) _____ - _____

GRADUATED: ____ YES ____ NO IF YES—YEAR DEGREE RECEIVED _____

____ # OF OFFICIAL TRANSCRIPTS (Issued in a sealed envelope.)
Transcript # 1:(please provide **complete** address) Transcript #2:(please provide **complete** address)

_____ Name (Attn:)	_____ Name (Attn:)
_____ Street	_____ Street
_____ City State ZIP	_____ City State ZIP

____ # OF UNOFFICIAL TRANSCRIPTS
Transcript # 1:(please provide **complete** address) Transcript #2:(please provide **complete** address)

_____ Name (Attn:)	_____ Name (Attn:)
_____ Street	_____ Street
_____ City State ZIP	_____ City State ZIP

Payment Options	
Credit/Debit Card (circle) VISA, MC, or Discover	Acct # _____ Exp. _____
Check #. _____ Amount \$ _____ (Starter checks not accepted)	

- ___ Hold Transcript For Current Term/Semester Grades (approx. 2 weeks after end of term/semester)
- ___ Hold Transcript For Degree Posting (contact Registrar's Office for time frame)
- ___ Mail Transcript ASAP

FIRST Official Transcript is FREE. There is a \$5 charge for each additional Official Transcript. Unofficial Transcripts are free. Fee must be paid at the time of the request and the **STUDENT SIGNATURE IS REQUIRED.** TRANSCRIPTS WILL NOT BE RELEASED UNTIL ALL FINANCIAL OBLIGATIONS TO HESSER COLLEGE HAVE BEEN SATISFIED AS DETERMINED BY THE STUDENT ACCOUNTS OFFICE.

STUDENT SIGNATURE: _____ **DATE:** _____
_____ **OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE** _____

Registrar's Office Authorization: ____ free(1st copy only) ____ initials
Student Accounts Authorization: ____ number of transcripts requested (@\$5 each after 1st free) ____ total fee paid ____ cash/check no./credit/debit
____ released ____ denied ____ initials ____ date