

Date Requested _____

Hollins University
Transcript Request

Date Needed _____

Last Name _____ First Name _____ MI _____

Home Address _____

SSN/HU ID# _____ Telephone _____ E-Mail _____

Name while attending (if different from above) _____

Mark appropriate degree level(s): Undergraduate Graduate Class Year _____ Major _____

Purpose of official transcript:

- Transfer to another institution Graduate School Application Summer/Transfer work
- Employment Other (please explain) _____

Transcripts are \$5.00 per copy and payment is due when request is submitted.

Please check payment option: Cash Check* Money Order*

* Checks and money orders should be made payable to Hollins University.

Credit cards are no longer accepted as a method of payment due to changes in federal regulations.

Hold for Pick-Up (check box below)	Number of Copies Requested (enter in box below)	Mail As Indicated to the Address Below
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		Institution/Company: _____
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Please submit additional addresses on a blank second page.

*Please allow 2-3 business days for processing requests. Hollins reserves the right to refuse transcript requests and will return the request if it is incomplete, payment is insufficient or student account reflects a hold. Hollins is not responsible for postal delays or incorrect addresses and refunds will not be issued. ****WE DO NOT FAX or E-MAIL TRANSCRIPTS*****

By signing below I understand and abide by the statement above.

◆SIGNATURE REQUIRED: _____

Send requests to: Registrar, Hollins University, Box 9708, 7916 Williamson Rd, Roanoke, VA 24020.