Hollins University
Transcript Request

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 ____________

If you did not graduate from Hollins please list approximate dates of attendance: ________________________________________

Purpose of official transcript:

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

Transcripts are $10.00 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.

Number of Copies Requested (enter in box below)

Mail As Indicated to the Address Below

Attn: ____________________________________________

Institution/Company: _____________________________

Address: _________________________________________

Address: _________________________________________

City, State, Zip, Nation: ___________________________

Instead of having your transcript mailed you may pick it up from our office. Would you like to us to hold your transcript for pick-up?  YES or NO  If yes, we will e-mail or call once the transcript is ready for pick-up.

When do you need your transcript?

□ After grades post   □ After degree is awarded   □ As soon as possible (standard processing time – see below)

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: ____________________________   DATE: ________________

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