



TRANSCRIPT REQUEST FORM

HOLY NAMES UNIVERSITY
3500 Mountain Blvd
Oakland, Ca 94619

Phone: (510) 436-1133
Fax: (510) 436-1199

- ➔ General Processing Time of 7 to 10 **Working Days.**
- ➔ There is no RUSH or EXPRESS processing of requests
- ➔ Official Transcripts may be **mailed and/or picked up**
- ➔ Unofficial Transcripts may be **mailed, picked up, and/or faxed**

STUDENT INFORMATION

Name: _____ <small>(Last) (First) (M)</small> Other/Maiden Name: _____ Address: _____ _____ Home: () _____ Other: () _____ E-Mail: _____	SS Number: _____ Birth Date: (MM/DD/YYYY) _____ Year of Graduation: _____ Dates of Attendance at HNU: _____ Please HOLD request for: <input type="checkbox"/> Degree <input type="checkbox"/> Current Grades
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<u>PRICING INFORMATION</u>	<u>PRICING INFORMATION Cont'd</u>	<u>If Picking Up in Person...</u>
OFFICIAL: \$ 5.00 (Per Copy) UNOFFICIAL: \$ 3.00 (Per Copy)	FAXED: IN-STATE: \$ 5.00 (Per Copy) OUT OF STATE: \$ 7.00 (Per Copy) INTERNATIONAL: \$ 10.00 (Per Copy)	➔ Transcripts available for pick up after 2:00 pm ➔ Quantity Requested: Official _____ Unofficial _____ <small>[Please write # of transcripts needed in space(s) above]</small> <input type="checkbox"/> Call When ready for pick-up (Check if applicable)

IF MAILING IS NEEDED, PLEASE PROVIDE THE ADDRESS(ES) BELOW. If more than two addresses, please provide on a separate piece of paper.

Institution/Person: _____ Attention: _____ Address: _____ _____ Quantity Requested: Official _____ Unofficial _____ <small>[Please write # of transcripts needed in space(s) above]</small>	Institution/Person: _____ Attention: _____ Address: _____ _____ Quantity Requested: Official _____ Unofficial _____ <small>[Please write # of transcripts needed in space(s) above]</small>
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IF FAXING IS NEEDED, PLEASE PROVIDE THE CONTACT INSTITUTION/PERSON AND NUMBER. (Unofficial Transcript Only)

ATTN: _____ Fax No.: _____ Quantity: _____	ATTN: _____ Fax No.: _____ Quantity: _____
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HOLY NAMES UNIVERSITY CREDIT CARD AUTHORIZATION FORM

I authorize Holy Names University to charge \$ _____ on my VISA MasterCard AMEX Discover for transcript(s)

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Credit Card Number: _____ **Expiration Date:** _____ **Authorization Code:** _____

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STUDENT SIGNATURE: _____ DATE: _____

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