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[transcripts@hbu.edu](mailto:transcripts@hbu.edu)

### Office of the Registrar- Request for Official Transcript

Please fill out this form completely. Allow at least 5 business days for processing. NO TRANSCRIPT WILL BE RELEASED UNTIL ALL UNIVERSITY OBLIGATIONS ARE SATISFIED.

**PRINT CLEARLY**

Last Name		First Name		Middle Name		Maide n Name	
Student ID		DOB(mm/dd/yyyy)		Phone #		E-mail address	
Street Address							
City		State		Country		Postal Code	
Signature ( <i>your request cannot be released without a signature</i> )						Date	
Currently Enrolled:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Last enrolled at HBU		HBU degree earned/ date	
VA Student:		<input type="checkbox"/> Yes <input type="checkbox"/> No					

Number of Copies \_\_\_\_\_

Check the appropriate box(es) below.

Reason for request:  Transferring to another institution  Applying to graduate school  
 Applying for scholarship  Applying for employment  
 Other \_\_\_\_\_

Student PICKUP (Photo ID Required)  Mail the transcripts to me at the above address

HOLD transcript for:  current semester grade  degree posting  grade change

Mail the Transcript(s) to the recipients indicated below. (Do not list your own address)

Name \_\_\_\_\_ Name \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

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