

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.