



Complete this form and send to ***previous colleges attended*** to have your transcripts sent to Harrison College.

**ATTENTION:** Registrar/Records Department:

College / University: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**STUDENT INFORMATION**

**ATTN: Transcripts must show a graduation date, an official signature, and a raised seal/stamp.**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ Name used while attending (if different): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Years Attended: \_\_\_\_\_

**ATTENTION COLLEGE OR AGENCY RECORDS DEPARTMENT**

\*\*Please return a copy of this form with the transcripts to the Harrison College address stamped below:

I hereby request and authorize you to forward my official transcripts and this form to Harrison College. I do also authorize Harrison College to make further requests on my behalf. Please send my transcripts to:

*Harrison College Location Address Here:*  
**ATTENTION: REGISTRAR**

**Student Signature**

**Date**

For Office Use Only

Payment of \$\_\_\_\_\_ is enclosed.