

Request for Transcript

Harvey Mudd College, Office of the Registrar

MAIL TO:

PLEASE PRINT PLAINLY (this will be used for direct mailing window envelope)

****ATTENTION****

Also write *mail to* address in the bottom right hand corner

Please do not write below or beyond the outside box

Cut directly above top line

Student Name: _____ Student ID: _____ Class of: _____
Please print

Other Name (ie. Maiden name): _____

Address: _____
If not a current student *Daytime Phone*

City _____ State _____ Zip _____

PLEASE COMPLETE ALL THAT APPLY:

No. of Copies: _____
Fee (\$2.00 per copy): _____
Bill to account: _____

Special Instructions: _____

Requested Mail/Pickup Date: _____
(Indicate 3 business days prior to mail/pick-up)

Mail: _____
Student Box: _____
Hold for Pickup: _____
Hold for Semester Grades until: _____

Special Handling:

Fed Ex: _____
USPS: _____

Student's Authorizing Signature _____

Date _____

For Office Use Only

No Charge _____
Billed to Acct \$ _____
Amount Paid \$ _____ Date _____



The request was mailed to..

