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REQUEST FOR OFFICIAL TRANSCRIPT

INSTRUCTIONS

- 1) Student Name: Enter the name used when you were a student at Harrison Middleton University. If you used more than one name, please include all names.
- 2) Enter your Harrison Middleton University Student ID Number.
- 3) Enter your current email address and phone number.
- 4) Transcript Type: A separate transcript is completed for each program. Be sure to indicate which transcript(s) you desire. There is a separate charge for each transcript. Official transcripts are \$10.00 each.

Student Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

Transcript(s) Mailing Address(es): _____

Transcript Type: Associates Bachelor's Master's Doctoral
 Continuing Education

Number of copies requested: _____ (Official transcripts are \$10.00 each).

My payment in the amount of \$_____ is enclosed.

I am paying by: Check Money Order Credit Card

If paying by check, please make payable to Harrison Middleton University and mail payment with this request. If paying by credit card, a faxed or email copy of this request is acceptable.

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____ Date: _____