



Office of the Registrar  
160 Herrick Road, Newton Centre, MA 02459  
617-559-8642 Fax 617-559-8825  
www.hebrewcollege.edu

## TRANSCRIPT REQUEST FORM

All transcript requests must be submitted in writing to the registrar's office at the address listed above. The form must be signed by the student and be mailed with the appropriate fees. Please submit request at least 2 weeks prior to when transcript is needed. No transcripts are issued to students with unpaid accounts in the business office.

- I am requesting an Official Transcript. I have enclosed a check (in US dollars) payable to Hebrew College in the amount of \$5.00 for each official transcript I am requesting.  
(Do NOT fax requests for official transcripts)
- I am requesting an unofficial transcript. There is no fee.

**Please PRINT CLEARLY**

Date \_\_\_\_\_ Student ID or Social Security number \_\_\_\_\_  
Name at time of study (last, first, MI) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email \_\_\_\_\_

**Please send the requested transcript(s) to the following address:**

- Official Transcript  Unofficial Transcript

Name/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

- Official Transcript  Unofficial Transcript

Name/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

**Signature** \_\_\_\_\_