



Office of the Registrar
160 Herrick Road. Room 313, 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. Official Transcripts cannot be faxed or sent by email. 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 \$10.00 for each official transcript I am requesting. (Do NOT fax requests for official transcripts without including credit card information—transcripts will not be sent out until payment is received.)

I am requesting an unofficial transcript. There is no fee.

Please PRINT CLEARLY

Date: _____

Student ID # _____ or Social Security # _____

Name at time of study (last, first, MI) _____ M F

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (day) _____ (evening) _____

Email: _____

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

Official Transcript Unofficial Transcript \$10.00 fee enclosed for Official Transcript

Name/Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Official Transcript Unofficial Transcript \$10.00 fee enclosed for Official Transcript

Name/Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student's Signature: _____

PAYMENT: You may pay by check or credit card:

- I am paying by check. (Check is payable to HEBREW COLLEGE in US Dollars)
I am paying by credit card: MasterCard Visa Card

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Mail to: Registrar's Office, Hebrew College, 160 Herrick Road #313, Newton Centre, MA 02459