



Request for Official Transcript

TO THE STUDENT:

Please fill out this entire form and send to the higher education institution(s) you have attended. It is the responsibility of each student to pay all charges associated with this request to each institution.

Institution _____ Date _____

Name _____ Social Security Number _____
Last First Middle

Address _____

City

State

ZIP

Phone (H) _____ (W) _____

Name used when attending above institution _____

Semester and year of last attendance _____

Number of official copies requested () Issued to student (**1**) Issued to Hood College

Student signature _____

TO THE REGISTRAR:

Please send one (1) transcript to: Hood College
Graduate School
401 Rosemont Ave.
Frederick, Maryland 21701-8575
Phone: (301) 696-3600
Fax: (301) 696-3597

HOOD COLLEGE GRADUATE SCHOOL

Hood College • 401 Rosemont Avenue • Frederick, MD 21701-8575

Tel. (301) 696-3600 • (800) 922-1599 • Fax (301) 696-3597 • E-mail gofurther@hood.edu • www.hood.edu/graduate