



# 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](mailto:gofurther@hood.edu) • [www.hood.edu/graduate](http://www.hood.edu/graduate)