



REQUEST FOR TRANSCRIPT

This form will be placed in a window envelope. It is your responsibility to prepare legibly the name and complete address to where you want this transcript sent.

**** Requests require a minimum of 3 workdays to be processed****

Student's Name: _____
LAST FIRST INITIAL MAIDEN NAME

Address: _____

Telephone: _____
HOME BUSINESS FAX

Social Security No. _____ Date of Birth: _____

School Attended: Hellenic College Holy Cross

Year of Graduation: _____ Currently Enrolled Did Not Graduate

I Will pick up transcript. Process after _____ semester grades are in. I will pick up.

Mail transcript Process after _____ semester grades are in. Mail transcript.

Fax transcript. Fax No. _____ (Only to Registrar's Direct Line)

Please mail this Transcript Request Form to:

**Hellenic College & Holy Cross Greek Orthodox School Theology
50 Goddard Avenue – Brookline, MA 02445**

FILL OUT A SEPARATE FORM FOR EACH ADDRESS. \$3.00 PER TRANSCRIPT.

I hereby authorize Hellenic College and Holy Cross to forward my official transcript to the Institution designated above.

Signature: _____ Date: _____

Finance Approval (needed for all transcript requests): _____

Initials: _____

Amount: _____

Date Paid: _____