



Hartford International
UNIVERSITY FOR RELIGION & PEACE

TRANSCRIPT REQUEST FORM

Send requests to:

Registrar's Office
Hartford International University
77 Sherman Street
Hartford CT 06105

Fax: 860-509-9509

Email: registrar@hartfordinternational.edu

Print your name, mailing address, and phone number:

Name when enrolled (*If different*):

Send transcript to the following address:
(*If possible, include a person's name in the address*)

Date of birth: ____/____/____

Dates of attendance: _____

Mail now Hold for current semester grades

Requests should be made at least ten business days before the transcript is needed.

Transcripts are issued only if the requestor has no unpaid balances on their HIU accounts.

HIU cannot release copies of official transcripts on file from other institutions.

There is a \$10 fee per transcript.

Number of Copies: _____

In accord with the Family Education Rights and Privacy Act of 1974, I authorize release of the above records.

Students Signature (required to send transcript)

To pay via credit card (**MasterCard, VISA, or Discover; we do not accept American Express**) please fill out the following:

_____/_____
Credit Card Number Exp. Date CCV Code Name on Card

Cardholder Signature: _____ Date: _____

If you have any questions, contact the Registrar's Office: 806-509-9511 or registrar@hartfordinternational.edu

Office Use Only	<input type="checkbox"/> Fee Received	Date Sent: _____	Initials: _____
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