



**Mail to:** Harrisburg University  
Office of Records & Registration  
326 Market Street, Room121E  
Harrisburg, PA 17101  
**Fax to:** (717) 901-3136  
**Email:** PDF copy of signed form to Registrar@HarrisburgU.edu

## Transcript Request Form

*Complete form, print, sign and submit to the Records & Registration Office*

PERSONAL INFORMATION

**Current Student**

**Former Student**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Student ID# (if known)** \_\_\_\_\_

**Personal Email** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street or PO Box** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number (\_\_\_\_\_)** \_\_\_\_\_  **Home**  **Work**  **Cell**

\_\_\_\_\_  
*Signature – REQUIRED by Federal Law*

\_\_\_\_\_  
*Date*

**Official Transcript**     **Unofficial Transcript** (*no college seal*)    \_\_\_\_\_ **Number of Copies**

**Send Now**     **Hold until Semester Grades Posted**     **Hold until Graduation Date Posted**

**Reason for Transcript:** \_\_\_\_\_

**Additional Notes or Instructions:** \_\_\_\_\_

**Pick-Up** (*Photo ID Required*)    **Date and Time:** \_\_\_\_\_

**Mail my transcript to my address listed above**

**Mail my transcript to the address below:**

**Recipient / Institution Name** \_\_\_\_\_

**Individual / Department Name** \_\_\_\_\_

**Street or PO Box** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Fax transcript to: (UNOFFICIAL ONLY)**

**Fax Number (\_\_\_\_\_)** \_\_\_\_\_

**Attention** \_\_\_\_\_

**Email transcript to:** \_\_\_\_\_ (UNOFFICIAL ONLY)

**Notes:** All financial obligations to the University must be satisfied before transcripts can be released. Transcripts are processed during normal business hours within two business days. Official transcripts issued to student will be stamped with 'Issued to Student' and in a sealed envelope.

Completed by Office of Records & Registration:

Received: \_\_\_\_\_

Completed: \_\_\_\_\_

Staff: \_\_\_\_\_