Harrisburg University of Science and Technology
Office of Records and Registration
Transcript Request Form

Please complete all fields, sign, and submit the form to the address below:
Office of Records and Registration
Harrisburg University of Science and Technology
326 Market Street, Room 121E
Harrisburg, PA 17101
Phone: 717.901.5136

Note:
• Transcript requests via e-mail are not accepted.
• We cannot accept requests to fax transcripts.
• Official transcripts will NOT be sent to the student unless the student
  provides official printed documentation from the intended recipient
  stating the need for the official transcript to be received via the student
  in a sealed envelope.

__________________________________________________________________________
Student’s Full Name: ___________________________ Student ID: ______________________
Current Street Address: _____________________________
City, State, Zip: _____________________________
Area Code: ______ Phone: ___________________________

Mail transcript to:

Attn: _______________________________________
Name of Institution: _____________________________
Street Address: _____________________________
City, State, Zip: _____________________________

Reason for transcript request: _____________________________
Additional notes or instructions: _____________________________

I hereby authorize the release of my transcript to the address shown above:

Student signature: _____________________________ Date: _____________

__________________________________________________________________________
Office of Records and Registration Use Only:

Received: _______ Completed: _______ Staff: _______

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