

Hazelden Graduate School of Addiction Studies

TRANSCRIPT REQUEST FORM



- Processed in 1 - 7 business days
- Requests must be made in writing
- Payment accepted: cash, check, money order, credit card (MC, Visa, Discover, AmEx)
- Faxed requests will only be accepted with appropriate credit card information
- Transcripts will not be released if there are any financial obligation to the school

Mail to: Registrar's Office, Hazelden Graduate School-CO9, PO Box 11, Center City, MN 55012
In person: Graduate School, Cork Center, Center City, MN
Fax to: 651-213-4411

STUDENT INFORMATION

Please fill in all blanks

_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Former Name(s)	Social Security Number	Date of Birth
_____	_____	_____
Dates of Attendance	Daytime Telephone	Home Telephone
_____	_____	_____
Cell Number	E-mail	_____
_____	_____	_____
Current Address	_____	
_____	_____	_____
City	State	Zip Code

TRANSCRIPT ORDER INFORMATION

Check **ONE** of the following three options.

- _____ Send transcript **immediately**
_____ **Hold** transcript for **end of current term grade processing**
_____ **Hold** transcript for **degree posting**

Number of Copies _____ number of **Official** transcripts (\$5.00 each)
_____ number of **Unofficial** transcripts (no charge)

Type of Service _____ number of copies to address below
_____ number of copies to student address above
_____ number of copies for student pick-up

Send Transcript to _____

Student Signature _____ **Date** _____
Federal law requires that the student sign and date this request.

CREDIT CARD INFORMATION

Credit Card Number _____ **Expiration Date** _____
Name on Card _____

For Office Use Only:

_____ **Date Mailed** _____ **Amt Pd** _____ **CC / Cash / Check / M.O.** _____ **Type of Payment** _____ **GradPro** _____