

Hazelden Graduate School of Addiction Studies
REQUEST FOR OFFICIAL TRANSCRIPT

HAZELDEN GRADUATE SCHOOL
 OF ADDICTION STUDIES

- Requests will be processed in 2-5 working days.
- Requests must be made in writing with signature.
- Requests will **not** be held for grades or degrees that have not been posted.
- 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 Request to: Registrar's Office, Hazelden Graduate School-CO9, PO Box 11, Center City, MN 55012
Fax Request to: 651-213-4710 (Fax requests accepted **only** if paying by credit card)

Current Name: First		Middle	Last	
My Name has Changed - I attended under the name of _____			Current or Last Semester of Attendance Winter ____ Summer ____ Fall ____ of year _____	
Date of Birth	Student ID # _____ or Social Security # last 4 digits _____		Email Address	
Current Address: Street		City	State	Zip
Cell Phone Number <i>If Applicable</i>		Work Phone Number <i>If Applicable</i>		Home Telephone Number <i>If Applicable</i>

Complete the following column for RECIPIENT 1	
Delivery Method _____ Mail to address below _____ Will pick up (Will hold for 30 days only)	
Mailing Address - Print name and address Enter "send to self" if going to you at above address	
Quantity Official Academic Transcript - Complete academic record, including courses, grades, GPA, degree received and work in prograss (if applicable)	<input type="text"/> # of Official copy(s) x \$5 each <input type="text"/> # of Unofficial No charge

Complete the following column for RECIPIENT 2	
Delivery Method _____ Mail to address below _____ Will pick up (Will hold for 30 days only)	
Mailing Address - Print name and address Enter "send to self" if going to you at above address	
Quantity Official Academic Transcript - Complete academic record, including courses, grades, GPA, degree received and work in prograss (if applicable)	<input type="text"/> # of Official copy(s) x \$5 each <input type="text"/> # of Unofficial No charge

STUDENT SIGNATURE (Required) X	Date
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Payment Information (Check One): _____ Cash _____ Check or money order payable to HGSAS _____ Credit Card (Visa, MasterCard, Discover, AmEx)		Office Use Only Fee _____ Inv _____ Date Mailed / Picked Up _____	
Credit Card Number	<input type="text"/>		
Expiration Date	<input type="text"/>	Name on Card	<input type="text"/>