



HUNTINGTON UNIVERSITY
TRANSCRIPT REQUEST FORM

To: Registrar _____ Date _____

Institution: _____

From: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please send an official transcript to:

EXCEL
Huntington University
2303 College Avenue
Huntington, IN 46750

I was a student from _____ to _____

I was registered under the following name (s): _____

Signature _____ Date _____