

Office of the National Registrar

Official Transcript Request Form – Siegal College

Please fill out one request form for each address to which you want your transcript sent. You must print the form and follow the directions below. This is not an electronic form.

| | | | | |
|---|----------------|---|------------------|------------------|
| ___ Siegal College | Degree Program | Last Year Enrolled or Graduated | | Number of Copies |
| | | Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Last Name (Name used while in attendance) | First Name | Middle Initial | Maiden Name | |
| Current Street Address | | | Date of Birth | |
| City | State | Zip Code | Telephone Number | |
| Signature | Email Address | | Today's Date | |

Please allow 3-5 working days once received for processing. There may be delays during grading periods at the end of each semester. The Office of the National Registrar only provides official transcripts. They are produced on security paper which includes a watermark and the signature of the National Registrar. Unofficial transcripts and scanned transcripts are not provided.

Mail To:

| | | | |
|-------------------|---|----------|--|
| Name/Organization | There is a \$5.00 charge for each transcript requested. Mail To: Hebrew Union College Jewish Institute of Religion Office of the National Registrar 3101 Clifton Avenue Cincinnati, Ohio 45220 Email: registrar@huc.edu You may fax your request to (513) 221-2531 We accept checks, money orders and all credit cards | | |
| Street Address | | | |
| City | State | Zip Code | |

Billing Information:

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| Cardholder Name | Card Number | Expiration Date |
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