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Official Transcript Request Form

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.

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City	State	Zip Code	Telephone Number
Signature	Email Address		Today's Date

Mail To:

Name/Organization	There is a \$5.00 charge for each transcript requested. Mail: Hebrew Union College- Jewish Institute of Religion Office of the National Registrar 3101 Clifton Avenue Cincinnati, Ohio 45220 Email: registrar@huc.edu Fax: (513) 221-2531 We accept checks, money orders, and all credit cards.
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