

Office of the Registrar Request for Rabbinical/CantorialOrdination Letter

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

Campus: Cin	cinnati Los Ang	eles	New York	Number of Copies:
Degree Program:		Laster Year Enr	olled:	/ear Ordained:
Last Name (Name	s used while in attendance): _			
First Name:		Middle Initial: Maiden Name:		Name:
Current Street Ad	dress:			
City:	State:		Zip Code:	
Telephone Number:		_ Email Address:		
Birthdate:	Signature:			_ Date:
Please allow 3-5 working days once received by the Office of the Registrar for processing. There may be delays at the end of each semester.				
O 3:	Hebrew Union College Jewish Institute of Religion Office of the Registrar 3101 Clifton Avenue Cincinnati, Ohio 45220 registrar@huc.edu			
You may fax your request to (513) 221-2531				
Name/Organization:				
Street Address:				
City:		State:		Zip Code: