

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.

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 seal of Siegal College. Unofficial transcripts and scanned transcripts are not provided.

Last Year Enrolled or Graduated: _____ Graduated: _____ Number of Copies: _____

Degree Program: _____ Last Name: _____

First Name: _____ Middle Initial: _____ Maiden Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone Number: _____

Signature: _____ Date: _____ Email Address: _____

Mail To:

Name/Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

There is a \$5.00 charge for each transcript requested. We accept checks, money orders, and all credit cards.

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) 848-8321

Cardholder Name: _____ Expiration Date and CVV Code: _____

Card Number: _____

Cardholder's Signature: _____