



HERITAGE CHRISTIAN UNIVERSITY

Transcript Request

Last Name First Middle

Birth Month/Year

Current Address

City State Zip

Telephone Number

Email address

NOTE TO STUDENT: Your first transcript is free. Please enclose \$5.00 for each additional transcript. Make checks payable to Heritage Christian University. According to school policy, student accounts must be paid in full before transcripts can be released by the Registrar.

Send _____ (no.) of transcripts of my academic record to the following address: (If your last name was different at the time of your attendance, please furnish previous name.)

Transcript to be forwarded to:

To: _____

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Signature _____

Date _____

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