



HERITAGE CHRISTIAN UNIVERSITY

TRANSCRIPT REQUEST

To: THE REGISTRAR

EDUCATIONAL INSTITUTION

STREET ADDRESS

CITY STATE ZIP

FROM:

NAME

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Please send one copy with seal affixed of my academic record to:

**HERITAGE CHRISTIAN UNIVERSITY
ATTENTION: ADMISSIONS OFFICE
P O Box HCU
FLORENCE AL 35630**

DATES OF ATTENDANCE

STUDENT I.D. NUMBER

EMAIL ADDRESS

SIGNATURE