



**HERITAGE**  
CHRISTIAN UNIVERSITY

P.O. Box HCU

Florence, AL 35630

256.766.6610

www.hcu.edu

## Transcript Request

**To: Registrar**

**From:**

Educational Institution \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name While Attending \_\_\_\_\_

Student ID Number \_\_\_\_\_

Attended From \_\_\_\_\_

Attended To \_\_\_\_\_

Please send one copy of my academic record, with seal affixed, to: **Heritage Christian University**  
**Attention: Admissions Office**  
**PO Box HCU**  
**Florence, AL 35630**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date