

# OFFICIAL TRANSCRIPT REQUEST

1. Complete one form for each request (*please print clearly*)
2. Transcripts will not be issued to any students with unfulfilled financial obligations to the university

Transcript will be mailed immediately to party listed unless otherwise indicated below:

\_\_\_\_\_ Hold transcript for student pickup

Mail transcript after:

\_\_\_\_\_ Grades for current semester are recorded

\_\_\_\_\_ Graduation information is recorded

\_\_\_\_\_ Change of grade recorded for \_\_\_\_\_  
*Course number*

3. Submit **\$5.00** for each request

Paid online at <https://www.herzingonline.edu/students/pay-online> on \_\_\_\_\_  
*Date*

4. Check School(s) Attended:

Herzing University

Hammel College (no fee)

*Approximate Dates of Attendance:* \_\_\_\_\_ (*required for processing*)

Check or money order made out to Akron Institute of Herzing University is enclosed:

**Submit form by fax, email, or mail**

**Fax:** (330) 724-9688 Attn: Mary Maxwell

**Email:** [mmaxwell@akr.herzing.edu](mailto:mmaxwell@akr.herzing.edu)

If you have questions, call (330) 724-1600

**Mail:** Akron Institute of Herzing University

Attn: Mary Maxwell

1600 South Arlington Street, Suite 100  
Akron, OH 44306

Name on transcripts: \_\_\_\_\_  
*Last First M*

Current address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN/Student ID: \_\_\_\_\_ Current name: \_\_\_\_\_  
*(If different than above)*

**I consent to have my transcripts released to the party listed below.**

Signature (*required for release*) \_\_\_\_\_ Date \_\_\_\_\_

Mail transcript to: \_\_\_\_\_  
*Name of school or employer*

Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- or -

Fax transcript to: \_\_\_\_\_ Attn: \_\_\_\_\_

*Note: Faxed transcripts are not considered official transcripts*

OFFICE USE ONLY:

Transcript request received on:

Fee received on:

Transcript issued/faxed on:

Registrar initials:

**AKRON**  
**INSTITUTE**  
OF HERZING UNIVERSITY