

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

Lakeland Medical/Dental Academy

Minneapolis Drafting School

Professional Business Institute

Approximate Dates of Attendance: _____ (*required for processing*)

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

Submit form by fax, email, or mail

Fax: (763) 535-9205 Attn: Sheryl Abbott

Email: sabbott@mpls.herzing.edu

If you have questions, call (763) 535-3000

Mail: Herzing University

Attn: Sheryl Abbott

5700 W Broadway Avenue

Crystal, MN 55428

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:

HERZING
UNIVERSITY