

Transcript Request Form



HANNIBAL-LAGRANGE UNIVERSITY

Office of Registrar

2800 Palmyra Road Hannibal, MO 63401

Phone: 573-629-3046 fax: 573-221-4293

Email: registrar@hlg.edu

www.hlg.edu/academics/registrar.php

Please provide all the following information.

Date (mm/dd/yyyy): ____/____/____

Name: _____
Last First Middle

Previous Last Names: _____

Social Security Number or Student Identification Number: _____

Current Mailing Address: _____

Daytime Phone Number: (____) _____ Dates of Attendance _____

Select One Option:

- Regular Processing** - will be sent via the method you select below regardless if final grades appear on your transcripts, processed 2-7 business days after request is received
- Expedited Processing** - will be sent via the method you select below within 1 Business Day after request is received - \$10.00 charge (disregard charge listed below) (first free copy does not apply)
- Send at end of _____ term** - will be held until all final grades appear and degree appears, if applicable

Select the Amount of Transcripts:

- ___ **Official Copies** only available by mail - \$5.00 each (first copy is free)
- ___ **Mailed Unofficial Copies** - \$1.50 each
- ___ **Faxed Unofficial Copies** - \$1.00 per page
- ___ **Picked Up In Office Unofficial Copies** - free

Print name and correct address of person or institution to receive transcript:

Fax Number: (____) _____

Method of Payment: Check Cash Visa Master Card Discover

Acct #: _____ Exp. Date: ____/____ 3-digit Security Code _____

I hereby authorize Hannibal-LaGrange University to forward my transcript to the address or fax number noted above. I understand that all financial obligations to the university must be satisfied before my transcript will be sent. It is my sole responsibility to provide a complete and accurate address or fax number and to make the payment if required.

Signature: _____ Date: ____/____/____