



Howard University
Office of the Registrar
2400 6th Street NW, Suite 105
Washington, DC 20059
Tel:(202)806-2705

Office Hours:
M-F 8:30 am to 5:00 pm

MAIL-IN TRANSCRIPT REQUEST FORM

Cost Per Transcript & Payment Methods

Transcript Copy: \$8.25 each	Business Days Processing Time
Mail-in Transcript Request *Check or Money Order	1-2 business days once form has been received

- ☐ Check here if you are a National Education Equity Lab (NEEL) Student

Student Name			ID: @
Student Address			☐ Current Student ☐ Former Student
City, State, ZIP			Date of Birth: _____ Married/maiden/other names used: _____
Telephone: ()	E-mail:	Dates of Attendance: _____ to _____	

TRANSCRIPT MAILING INFORMATION

<u>Transcript # 1</u> Name # of Copies to this Address () City, State, ZIP	Issued to: _____ _____ _____ _____ ☐ Include Attached Form with Transcript Request
<u>Transcript # 2</u> Name # of Copies to this Address () City, State, ZIP	Issued to: _____ _____ _____ _____ ☐ Include Attached Form with Transcript Request

FORM MUST BE SUBMITTED WITH COMMENSURATE PAYMENT BEFORE SERVICES WILL BE RENDERED

Authorization

I authorize **Howard University**, or its agent, to process this request for academic transcripts, as contained on this Transcript Request Form. No transcripts will be issued for students whose financial obligations to the University have not been satisfied. Other rules also apply.

Student Signature: _____ **Date:** _____

Howard University considers privacy and information security of utmost importance. Educational records are governed under the *Family Educational Rights and Privacy Act of 1974* and will not be released to third parties without acceptable authorization from the student on record.