



HUNTINGTON UNIVERSITY  
TRANSCRIPT REQUEST FORM

To: Registrar \_\_\_\_\_ Date \_\_\_\_\_

Institution: \_\_\_\_\_

From: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Please send an official transcript to:

**EXCEL**  
Huntington University  
2303 College Avenue  
Huntington, IN 46750

I was a student from \_\_\_\_\_ to \_\_\_\_\_

I was registered under the following name (s): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_