

Transcript Request

Harding University Number of Transcripts: _____ (Limit of ten per day)

Registrar's Office
Box 10766
Searcy, AR 72149

- Hold for Grades to be posted Hold for Degree to be posted
 Pick up on (date): _____

Must be picked up by the student or permission must be granted by the student
And person picking up the transcript must have a photo ID for identification.

- Fax to (telephone): _____
Attention : _____

A fax will be sent without a hard-copy unless the student requests both. It is the decision of the recipient to determine if a fax is used as an official document.

- Mail Transcript to:

Most institutions require the transcript be sent directly to them from Harding. Most institutions do not consider a fax to be official. Check with the recipient before you request a fax copy.

Name/Institution: _____

Attention/Department: _____

Street/P.O. Box: _____

City, State, Zip: _____

To release the information on the student's academic record, **a valid signature of the student is required.**

Student name: _____ H#: _____ or SSN: _____

Mailing address: Street _____

City, State, Zip _____

Signature: _____

Reason for Request: College Admission Employment Self
 Other _____

Please provide the following information in case the office needs to contact you regarding this request.

Email: _____

Telephone: _____ Date of Request: _____

*****Requests may not be processed until all financial obligations to the University have been satisfied
To eliminate any delay in this process, students should clear all accounts before submitting a transcript request.**

Office Use:

Business Office Clearance:

Registrar's Office Clearance:

Date Processed/Mailed: