



HUSSIAN COLLEGE
SCHOOL OF ART

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Transcript Request Form

First Name

Last Name or Maiden Name used while in attendance

Address

City State Zip

Home Phone Cell Phone

Email Last four digits of Social Security Number

Dates Attended: _____ to _____ Graduation Date: _____

Signature Date

Copies are \$5.00 for each transcript request. Make checks payable to Hussian College - School of Art. Official transcripts* can only be sent to another school or employer. Students may receive an unofficial copy of their transcript.

Please send _____ transcripts to the address below.

Mail Transcript to:

Name of Institution

Department Name

Address

City State Zip

* Official Transcripts are available only to students/graduates who have satisfied their Financial Obligations to Hussian College - School of Art. Please see Hussian's policy on Student Records Maintenance at <http://www.hussianart.edu/policies-and-disclosures/> for more information.