



Holy Apostles College & Seminary

TRANSCRIPT REQUEST FORM

Office of the Registrar
33 Prospect Hill Road
Cromwell, CT 06416

Phone: (860) 632-3033 E-mail: registrar@holyapostles.edu

- **Fee: \$5.00 charge per transcript.**
- Orders will not be processed unless all financial obligations to Holy Apostles have been met.
- Requests must be made in writing by the student
- Official transcripts are sent by USPS first-class mail. We do not offer Electronic Transcripts at this time.
- Official transcripts cannot be faxed or emailed.

Student's Name: _____
Last First M

Name at time of attendance (if different than above): _____

Date of Birth (required) _____ Student ID# or last 4# of SS# _____ Dates of Attendance _____

Current Address: _____ Phone: _____ E-mail: _____

Payment Options (select one) Mail request form with check or money order made payable to Holy Apostles
 Email request form and Pay through Populi
(The charge will be placed on your Populi account. Once paid, your request will be processed)
 Email request form and (call the Registrar's Office to provide your credit card information)

Transcript Action: Process now
 Hold processing for final posting of current semester grades
 Hold processing until degree is awarded

Send transcript to:

Name: _____

Address: _____

() Official transcript
() Unofficial transcript

Address: _____

City/State/Zip: _____

(To send transcripts to multiple recipients, please complete a separate form)

I authorize Holy Apostles to release my transcripts to the recipient named on this form.

Signature: _____ Date: _____

(Handwritten signature required, we cannot accept a digital or typed signature)