



## Transcript Request Form

Student name: \_\_\_\_\_  
(Name of student when enrolled at HNA)

Year of Graduation: \_\_\_\_\_ -OR- Years attended: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date transcript is needed: \_\_\_\_\_

Please list where your transcript(s) should be e-mailed or sent by postal service.

Include complete address and the person/organization's name to whose attention it should be addressed.

Please note: Official transcripts may only be sent by postal mail. If a transcript is sent by e-mail attachment, it will be stamped "unofficial."

1.

2.

(List additional addresses on back side/second page.)

Total number of transcripts requested: \_\_\_\_\_ X \$5.00 = \$ \_\_\_\_\_  enclosed  
(Checks payable to Holy Names Academy)

Signature: \_\_\_\_\_

Printed name (If different from name when you attended): \_\_\_\_\_

Contact e-mail or phone number if needed: \_\_\_\_\_

Return this completed request form, along with \$5 per transcript, to  
**Transcript Request; Office of the Registrar**  
**Holy Names Academy**  
**728 21<sup>st</sup> Avenue East, Seattle, WA 98112.**

**Your account must be clear in the Business Office  
and the transcript fee paid before your transcript can be sent.**

For official use only:

Business Office Clearance  Transcript Fee(s) Received  Date Sent  Recorded in HNA records