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 = $ ____________

(Checks payable to Holy Names Academy)

☐ enclosed

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 21st 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