

**Transcript Request
Mars Hill University**

Registrar's Office
(828)689-1151

PO Box 6703
Fax: (828)689-1437

Mars Hill, NC 28754
e-mail: registrar@mhu.edu

(Please Print Clearly) **Items in bold must be included for correct processing.**

Name (while in attendance at MHU) _____

Current Name & Address: _____

Street: _____

City: _____ **State:** _____ **ZIP** _____

Phone Number _____

Most Recent Date of Attendance or Graduation: _____

Last 4 digits of Social Security Number _____ **Month/Year of Birth** _____

(Please check) Are you requesting:

_____ **MHU Undergraduate Transcript**

_____ **MHU (Masters Program) Graduate Transcript**



Please send an official transcript to: **Only complete if transcript is to be mailed.**
(additional addresses may be attached on separate page):

Company/Institution Name: _____

Office: _____

Address: _____

Address Line 2: _____

City _____ State _____ ZIP _____

And/or (Also \$15 fee)

Encrypted Transcript Copy e-mailed to: _____

.....
My signature (Actual Signature Required) below authorizes release of my student records.

Signature

Date

Fees: \$15 for each transcript (official and unofficial) \$_____ Amount to be charged



Fee to be charged: MasterCard _____ VISA _____ DISCOVER _____ American Express _____

Charge Card Number _____

Expiration Date _____ **3-Digit Security Code (back of card)** _____

Name/Address of Credit Card Holder: _____

Street Address: _____ **ZIP:** _____