

OFFICIAL ACADEMIC TRANSCRIPT REQUEST

Husson University * Registrar's Office
One College Circle * Bangor, ME 04401
Fax 207-941-7151

Student Name: _____ Maiden Name: _____

Student Address: _____ Id. No. _____ Date of Birth: _____

_____ Phone No. : _____

Are you a current student? Yes _____ No _____ If no, when did you last attend: _____

Would you like us to send your transcript (please check off ONLY if appropriate)

_____ When your final grades have been posted. (From the _____ semester)

_____ When your degree has been posted on your transcript. (My expected graduation date is _____)

Transcript Fees:

Free (up to 5 - additional copies are \$3.00 each)

Same day service \$5.00

Transcripts mailed within the Husson University system are at no charge

I am requesting the following service:

_____ Send transcript to me at address listed above.

Number of transcripts to be mailed to you _____

Would you like them - Issued directly to you _____ OR Issued in a sealed envelope _____

_____ I will pick up my transcript on _____. (IF PICKING UP THE TRANSCRIPT ON THE SAME DAY AS REQUESTED, SAME DAY SERVICE CHARGE WILL APPLY)

Number of transcripts to be picked up _____

Would you like them - Issued directly to you _____ OR Issued in a sealed envelope _____

_____ Send transcript to person or institution listed below (NOT GUARANTEED SAME DAY SERVICE)

Number of transcripts to be sent _____

_____ Send transcript TODAY to person or institution listed below (SAME DAY SERVICE CHARGE WILL APPLY)

Number of transcripts to be sent TODAY _____

If you have requested that we mail your transcript to an individual or organization, other than yourself, please provide us with a complete address. THE REGISTRAR'S OFFICE WILL NOT BE HELD RESPONSIBLE FOR DELAYED OR NON-ARRIVAL OF YOUR TRANSCRIPT IF COMPLETE ADDRESS IS NOT PROVIDED.

Student Signature

(required): _____ Date: _____

IF YOUR RECORD HAS BEEN ENCUMBERED BY FINANCIAL INDEBTEDNESS TO HUSSON UNIVERSITY, NO TRANSCRIPT CAN BE ISSUED UNTIL ENCUMBRANCE HAS BEEN CLEARED.

Financial Clearance by: _____ Date: _____

FOR OFFICE USE ONLY
Total Number of Transcripts _____ Sent Student _____ Student Picked up _____ Mailed to Third Party _____

Total Charge _____ Paid by: Cash _____ Check # _____ Money Order # _____

Transcript Prepared By: _____ Date Sent or Picked Up: _____



The following information is requested to help Husson assess how well it completes its mission of transforming student's lives. The data will be saved anonymously and only used in aggregate form. This information is purely voluntary.

Did you graduate from Husson? Yes ____ or No ____

If yes, please complete the following questions for most recent degree.

Year graduated: _____

Degree received: AS____ BS____ MS____ MBA ____ PharmD____ DPT____

Major: _____

Are you currently employed? Yes ____ or No____

If yes, please provide name of company_____

If yes, is your job related to the program you studied at Husson? Yes____ or No ____

If currently employed, what is your annual salary?

____ < \$30,000	____ \$90,000 - \$99,999
____ \$30,000 - \$49,999	____ \$100,000 - \$109,999
____ \$50,000 - \$59,999	____ \$110,000 - \$119,999
____ \$60,000 - \$69,999	____ \$120,000 - \$129,999
____ \$70,000 - \$79,999	____ \$130,000 - \$139,999
____ \$80,000 - \$89,999	____ \$140,000 or higher

Are you currently in graduate school? Yes ____ or No____

If yes, please specify name of school _____

Major/program _____

Degree sought: MS ____ Post MS ____
PhD ____ Professional Doctorate ____

Thank you for your time.