Houston Graduate School of Theology

Transcript Request Form

Please note the following: **(1) Print the form**—this form is void until signed; **(2) All financial obligations must be met before official transcripts may be released**; **(3) Cost: $5 per transcript**. Include payment in the form of a check or cash. You may also pay online at www.hgst.edu/online-payments. **(4) Please allow five working days for regular processing.**

NAME: _____
Last **First** **Middle**

Street Address _____

City _____ **State** _____ **Zip Code**_____

Telephone: _____**Email:** _____

_____/_____/_____ _____
Date of birth (***mm/dd/yyyy)*** **Student ID or Last four digits of SSN**

☐ Currently Enrolled **or** ☐ Graduated: Degree_____ Year_____ **or** ☐ Last Attended_____

☐ Hold for current grades ☐ Hold for Degree Conferral

☐ Do not mail. I will pick up _____ transcript(s) personally ☐ Mail to above address

☐ Mail

1) _____
_____
_____
_____

Send _____ Copies

2) _____
_____
_____
_____

Send _____ Copies

Mail, scan, or fax form to:
Houston Graduate School of Theology
Office of the Registrar **registrar@hgst.edu**
4300-C West Bellfort Avenue
Houston, TX 77035
713-942-9506 (Fax)

I hereby authorize Houston Graduate School of Theology to release the transcript of my academic record.

Student signature: _____Date: _____

Office Use Only

Business Office: Request approved initials:_____ Amount paid: $_____ Date:_____