



**Mount Washington College
Registrar's Office**
3 Sundial Ave
Manchester, NH 03103
Tel: 603.296.6428
Fax: 603.314.0096

Student Transcript Request Form

Students must submit all Mount Washington College (formerly known as Hesser College) official and unofficial transcript requests in writing. Official transcript requests will be processed within 5 to 7 business days, provided that the student has met all financial obligations to the College.

Please complete, print, sign, and send this form and any required payments to:

**Mount Washington College
Registrar's Office**
3 Sundial Ave
Manchester, NH 03103
Fax: 603.314.0096

Please select one of the following:

- Mail ASAP Hold Transcript for Current Term Grades (approx. 2 weeks after end of term) Hold Transcript for Degree Posting
 PLEASE UPDATE MY RECORDS TO REFLECT THIS ADDRESS

LAST NAME(S) WHILE ATTENDING _____ FIRST NAME _____

M.I. _____ CURRENT LAST NAME (IF DIFFERENT FROM ABOVE) _____

SOC. SEC. # _____ STUDENT ID # _____ DATE OF BIRTH _____

CURRENT ADDRESS _____
STREET CITY/STATE ZIP CODE

TELEPHONE # DAY () _____ EVENING () _____ CELL () _____

Official transcripts are only released if the student has met all financial obligations to the College.
Official transcripts will not be sent by fax or email.
Your first official transcript request is free (one time only) followed by a \$5.00 fee for each additional copy.
Please attach cash/money order, a check payable to Mount Washington College, or include your credit card information below.

- _____ # **Official Transcripts:** SEE COMPLETE ADDRESSES LISTED BELOW.
(Issued in a sealed envelope, will not be sent via email or fax)

Name (Attn:)

Street

City State ZIP

Name (Attn:)

Street

City State ZIP

- _____ # **Unofficial Transcripts(Free):** SEE COMPLETE ADDRESSES LISTED BELOW.
(May be sent via email or fax if indicated in place of mailing address below.) Email Fax

Name (Attn:)

Street

City State ZIP

Name (Attn:)

Street

City State ZIP

Payment Information: Cash Check/Money Order Visa MasterCard Discover

CARD # _____ -- _____ -- _____ EXPIRATION DATE (M/YY) _____ TOTAL PAYMENT ENCLOSED\$ _____

CARDHOLDER'S ADDRESS (IF DIFFRENT FROM ABOVE) _____

By signing this form, I authorize Mount Washington (formerly known as Hesser) College to release my transcripts to the parties listed above.

*SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: Registrar's Office Authorization: _____ free (1st copy only) _____ initials
Number of transcripts requested (@\$5 each after 1st free) _____ total fee paid _____ cash/check no./credit/debit