

**Huntington College of Health Sciences  
1204-D Kenesaw Avenue  
Knoxville, TN 37919  
865-524-8079**

**Request for Official Transcript**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Student Phone: Day: (\_\_\_\_) \_\_\_\_\_ Night: (\_\_\_\_) \_\_\_\_\_

Please forward an Official Copy of my Transcript to the following College(s) and/or Institution(s).

College/Institution Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

College/Institution Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**MUST HAVE SIGNATURE TO PROCESS:**

Student Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Huntington College of Health Sciences (HCHS) will forward to you one (1) complementary Official Copy of your Transcript upon graduation. All other request will be processed with a fee of \$5.00 per request. Please be sure to enclose the fee for each copy requested. You will receive a copy of all information (including your transcript) that was sent to the college(s) and or institution(s) of your choice. If you have any questions about your transcript, please contact us at 865-524-8079. PLEASE NOTE: Transcripts will only include grade information up to the date HCHS receives this request. Outstanding grades WILL NOT be mentioned on transcript.