

**HURON SCHOOL OF NURSING (HSN)
STUDENT SERVICES OFFICE
TRANSCRIPT REQUEST FORM**

Name (when enrolled): _____ SS# _____

Any other name(s) used:

Dates of enrollment: _____

Transcript(s) to be sent to:

Name

Address

City, State, Zip code

Your verification information: _____

Street address

City, State, Zip code

Telephone Number

E-mail: (Optional)

Signature (Required)

The HSN transcript fee is \$5.00 for each transcript. Transcript fee(s) are to be paid in advance by cash, personal check, money order or credit card via the Huron Hospital Cashier's Office. Credit card payments may be made to the Cashier's Office by calling 216.761.4211.

Transcripts will be issued to any student or graduate who has fulfilled all obligations to HSN and/or Huron Hospital. Transcripts are released only by a request signed by the student. Partial transcripts are not issued. Transcripts include all courses completed at HSN. Transcripts from high schools or other colleges cannot be duplicated. Transcript requests will be processed within **5-7 business days** during the academic term, but may take longer at the end of the term.

**Address all requests to: Student Services Office, Huron School of Nursing, 13951 Terrace Road,
East Cleveland, OH 44112, Telephone: 216.761.7996, Fax: 216.761.7694**

School use only:

Date transcript request received _____

Amount paid _____

Revised 2/09