Request for Transcripts

Normal processing time is one to two days. Please allow a longer time to process requests made at the beginning and end of a semester.

Heartland Christian College
Registrar's Office
500 New Creation Rd., Newark, MO, 63458
Fax: (660)284-4098, Phone (660)284-4800

Please provide all of the following information, sign this form, and mail or fax it to the Registrar's Office.

Date:_____

Name: _____

All Other Names You Have Used: _____

Current Mailing Address:_____

Phone: _____ E-mail: _____

Approx. Dates of Attendance: _____ Date of Grad. _____
mth/yr mth/yr

Please send ____ copies of my transcript(s) to the following address:
A complete address must be provided. Fill out a separate form for each address.

_____

_____

Signature: _____ **Date:**_____
(Request will not be processed unless *signature* is included.)
Confirmation that your transcript has been sent will be mailed from registrar@heartlandcollege.org to your e-mail account.

☐ Please also fax my transcript to the number below. I understand that fax transmission cannot be guaranteed. I hereby release Heartland Christian College from any and all liability involved in faxing my transcript. *A mailing address for the fax recipient must be provided above; an official copy will also be sent to the recipient via US Mail.*

Fax #: _____

Attn: _____