



TRANSCRIPT RELEASE FORM

Last Year of Attendance: _____ Program: _____
Name While Attending: _____ Current Name (if different): _____
SS#: _____ Date of Birth: _____
Mailing Address: _____ Phone Number: _____
City, State & Zip: _____ Email Address: _____
of Copies: _____

Transcripts are not generated for any students with a HOLD status on their record.
Transcript Fee \$5.00 per copy ~ Transcripts will be mailed or made available for pick-up only.

Address where transcript will be sent: _____
City, State & Zip: _____

In Person ~ • Form is not required for actual person of record.
• Signed authorization from the student is required for third party pick-up. Must specify individual permitted and must be presented with photo ID.
~ If paying in cash please bring exact change. Debit/Credit, Check or Money Order are also accepted. ~

By Mail ~ Complete, print and sign form. Send with check or money order to:
Hallmark University, Attn: Registrar, 10401 IH 10 West, San Antonio, TX 78230

By Fax ~ Complete, print and sign form. Fax Direct to Registrar at: 210.690.8035

By Email ~ Complete, print and sign form. Send as attachment to:
Transcripts@hallmarkuniversity.edu
(Request will not be processed without physical signature)

Mail/Fax/Email request will be processed within 2 business day.
Student records prior to 2001 may take up to one week to process.

Signature of Student on Record _____ Date _____

CREDIT CARD AUTHORIZATION
Credit Card Type: [] Visa [] Master Card [] American Express [] Discover
Credit Card Number: _____ Expiration Date: _____
Name on Card: _____
CSC Code: _____ Zip Code: _____