

**Transcript Request
Mars Hill College**

Registrar's Office
(828)689-1151

Fax: (828)689-1437

PO Box 6703
Mars Hill, NC 28754

(Please Print) **Items in bold must be included for correct processing.**

Name (while in attendance at MHC) _____

Current Name & Address: _____

Street: _____

City: _____ **State:** _____ **ZIP** _____

Phone Number _____

Most Recent date of Attendance or Graduation: _____

Last 4 digits of Social Security Number: _____ **Mo/Yr of Birth** _____

.....

Please send an official copy of my transcript to:
(additional addresses may be attached on separate page)

.....

My signature below authorizes release of my student records.

Signature _____ **Date** _____

Fees: \$8 per transcript \$_____ Enclosed

.....
Fee to be charged: MasterCard _____ VISA _____ DISCOVER _____

American Express Charge Cards are not accepted.

Charge Card Number _____ **Expiration Date** _____

3-Digit Security Code (back of card) _____

Name/Address of Credit Card Holder: _____

Street Address: _____ **ZIP:** _____