



STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Request: \_\_\_\_\_

I hereby authorize the release of a transcript of my grades to Huntington Junior College, 900 Fifth Avenue, Huntington, WV 25701. If you require a fee or have any questions, please call the Registrar's Office at (304) 697-7550 or (800) 344-4522.

Student's Signature (Required): \_\_\_\_\_

PREVIOUS EDUCATION CONTACT INFORMATION:

Please circle one: *High School or College*      Date(s) Attended: \_\_\_\_\_

School Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_



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