



STUDENT INFORMATION

Last Name: _____ First Name: _____

Maiden Name: _____ Date of Birth: _____

Social Security # _____ Date of Request: _____

Address _____ City _____ State _____ Zip _____

Phone# _____

Purpose of Disclosure:

I am seeking to enroll into an Associate Degree program at Huntington Junior College. In order to be granted enrollment, I must verify my prior educational information. The purpose of this request is to:

Please check one:

- Provide proof of my graduation from the high school listed below (Transcripts).
- Provide proof of my completion of a High School Equivalency exam (GED, TASC, or HiSET) completed at the facility listed below.
- Request a transfer of my college transcripts to HJC for transfer credits from the institution listed below.

Please send the requested transcript to:

Huntington Junior College, 900 Fifth Avenue Huntington, WV 25701
Phone: 304.697.7550 or 1.800.344.4522, Fax 304.697.7554

Huntington Junior College is authorized to request verification of my above selected prior education. My signature attests to the Authorization. I certify and attest that I have graduated from the secondary school named in this request. I certify under penalty of law that I am the individual identified in this written consent form and I am 18 years or older.

Student's Signature (Required): _____ Date: _____

I certify under penalty of law that I am the Parent / Guardian of an individual under the age of 18 and I am authorized to make this request.

Parent / Guardian Signature: _____ Date: _____

PREVIOUS EDUCATION CONTACT INFORMATION:

School Name: _____

School Address: _____

City, State, Zip: _____

Dates of enrollment: _____