



Office of the Registrar
1907 Redondo Ave. Unit A Signal Hill, CA. 90755
Office: 310.957.2984 | registrar@harborigenesisc.org
harborigenesisc.org

Transcript Release Authorization Form

Please complete and return this form to Harbor Genesis Christian College via email:
registrar@harborigenesisc.org

Student Information

*Last Name: _____ *First Name: _____ *Middle Initial: _____
Other Name Used: _____
*Address: _____
*Phone: _____ *Email: _____ *Date of Birth: _____

*Status: Active _____ Inactive _____ *Student ID _____
*Last Semester Attended: _____

Release Selection

*Number of copies requested: _____ Official: _____ Unofficial: _____
*Date Needed: _____

Special Instructions – Please check all that apply:
Send after current grades are posted to transcript _____
Send letter of academic standing _____

***Will pick up _____ OR send to (Include full name and address):**

I hereby authorize Harbor Genesis Christian College to release and process my transcript (s)

***Student Signature:** _____ ***Date:** _____