



# Official Transcript Request

Complete and email to: [registrar@springedugroup.com](mailto:registrar@springedugroup.com)  
Or mail requests to: Spring Education Group, ATTN: HLA Registrar  
1615 West Chester Pike, Suite 200, West Chester, PA 19382

Student First Name: \_\_\_\_\_

Student Last (Maiden) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please circle the HLA campus attended:

Clear Lake                      Central                      Fort Bend                      Katy                      North

Graduation Year: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Send Transcript To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Additional Transcript To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please allow 2 weeks for processing.