

HOWARD COMMUNITY COLLEGE - RECORDS, REGISTRATION & VA AFFAIRS
10901 Little Patuxent Parkway Columbia, MD 21044

TRANSCRIPT REQUEST FORM

Today's Date:	Student ID Number:	OR	Social Security Number:
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<i><u>This request will not be processed without requestor's signature.</u></i>	Print Name:
<i>Signature:</i>	

Former or maiden name while attending HCC: _____

Phone: (____) _____ - _____ (h) (____) _____ - _____ (w) (____) _____ - _____ (c)	Current Home Address : _____ _____ _____
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Birthdate: / / Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a degree from HCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Attendance at HCC: (Semester/Year) From: _____/_____ To: _____/_____
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TRANSCRIPT PROCEDURES:

- **Use a separate form for each transcript requested *if being sent to different places.***
- **There is no charge for transcripts, but all financial obligations to the college must be cleared before a transcript request will be processed (accounts receivable, library fines, parking tickets, etc.).**
- **Submit this form in person or by mail to the Office of Records and Registration.**
- **Transcripts will be processed in 2 business days. Please allow extra time at peak periods such as the end of semester, commencement and peak registration.**

SPECIAL INSTRUCTIONS FOR PROCESSING: Do you need current semester grades?

- Hold until the current semester grades are posted to my record:** _____ semester _____ year
- _____
- Hold until my degree is posted to my record:** _____ semester _____ year
- OFFICIAL TRANSCRIPT** How many? _____ (10 Maximum) (printed on letterhead & sealed)
- UNOFFICIAL TRANSCRIPT** (printed on PLAIN white paper)

Please check the appropriate box below:

- DO NOT MAIL** my transcript(s). I will pick up in person at the Records and Registration Office. (Photo ID is required to pick up transcript).
- DO NOT MAIL** my transcripts(s). I authorize the release of my transcript(s) to _____ (name) for pickup in the Records and Registration Office. (The person you are authorizing must show his/her photo ID to pick up your transcript.)
- Mail transcript(s) to my current home address.
- I authorize HCC to release my transcript to the addressee listed below. **PLEASE PRINT CLEARLY.** (You are responsible for the complete name and address of the receiving institution or person.)

**** A SEPARATE FORM IS REQUIRED FOR EACH ADDRESSEE ****

Name/Address _____
of Institution _____

