



You Can Get There From Here.

Graduation Application for Former HCC Students

Please complete, sign and return this release form to:

Howard Community College
Office of Admissions and Advising
10901 Little Patuxent Parkway
Columbia, MD 21044
Attn: Graduation Advisor
Fax: 443-518-4589
completion@howardcc.edu

HCC Student ID Number: _____ Desired Area of Study/Learning Program at HCC: _____

By signing this agreement you grant HCC permission to:

- Reactivate your record, if it has been more two years since you last attended
- Update your address and email, if it has changed
- Change your learning program and/or catalog year to one that allows you to graduate, if you have not met the requirements in the HCC area of study/learning program indicated above
- Evaluate transcript(s) and transfer applicable credit to complete your degree

Please list the college(s) you will be providing official transcripts from:

You must request official transcripts from the above college(s). Documents may be authenticated with the provider of the transcripts; forged and altered documents will be subject to HCC's Student Code of Conduct and the judicial process under Maryland State Law.

Clearly print name as it should appear on diploma or certificate (legal name only; no titles; indicate punctuation):

First	Middle	Last
_____	_____	_____

Full Legal Name: _____ Date of Birth: _____

List any former names: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

May we send confidential student information to the email address noted above? Yes No

FERPA Statement

FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. In accordance with FERPA, it is the policy of HCC to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide the consent to HCC as required by FERPA.

I, the undersigned, hereby understand and authorize HCC to perform a credit evaluation of my classes at HCC as well as classes completed at the above noted college(s) to award a degree or certificate, if I am eligible to graduate.

This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. This release form is effective from the date of signature below and consent remains in effect until receipt of written revocation.

Student Signature Date

For more information please go to: www.howardcc.edu/reversetransfer

For Office Use
___ XCHM
___ Spreadsheet
___ IRQ
___ To Eval
___ Letter
___ Complete
___ Spreadsheet