



Continuing Education Record Request Form

Today's Date:	Student ID #:	Date of Birth:
Signature:	Name (please print):	
Phone: _____ (H) _____ (O)	Current Home Address:	
Former or maiden name while attending HCC (if applicable):	Dates of Attendance at HCC Term(s) and Year(s):	

POLICIES & PROCEDURES:

- **Records are available for all courses taken on or after 7/1/03.** For courses taken prior to that, other forms of documentation may be available; please call 443-518-1700.
- There is no charge for records, but all financial obligations to the college must be cleared before we can process your request. (Accounts must be up to date, library fines and parking tickets paid, etc.) .
- Please submit this form either in person or by mail to the address above. Faxes are not accepted.
- Requests are usually processed in 1-2 working days.

TIME PERIOD AND CONTENTS OF RECORD:

- Are you taking a Continuing Education noncredit course during the current term? ___ yes ___no
- If "yes," do you want this record held until the current course(s) has (have) been posted to your record? ___yes ___no
- If "no," the record will be processed within a few business days after we receive your request.

We offer two choices for the courses listed on your record. Please choose one of the following:

- ___ Show all the courses I've taken. -- *OR* --
 ___ Show just those courses for which CEUs or ANA contact hours were awarded.
 (If no selection is indicated, all the noncredit courses you have taken will be listed on the record.)

SPECIAL INSTRUCTIONS FOR PROCESSING (Please check one of the following options):

- ___ Mail record(s) to my current home address.
- ___ DO NOT MAIL my record(s). I will pick up in person at the Records and Registration Office (located in the RCF Building Room 233). **NOTE:** You will need to show a Photo ID in order to pick up your record(s).
- ___ I authorize the release of my record(s) to _____ [NAME] for pickup in the Records and Registration Office. (**NOTE:** That person will need to show a photo ID for verification.)
- ___ I authorize HCC to mail my record(s) to the person/organization listed below.

PLEASE PRINT CLEARLY:

Name _____
 Title _____
 Company _____
 Street Address _____
 City, State, Zip _____