



# HIGHLAND COMMUNITY COLLEGE

2998 West. Pearl City Road, Freeport, IL 61032

Phone: 815.235.6121 Fax: 815.235.6130 www.highland.edu

## REQUEST FOR TRANSCRIPT

### Please check one.

- Send transcript now.
- Send transcript at end of this semester.
- Send transcript after degree.

Fee: \$0.00

Legal Name Required

Last Name

First Name

Middle Initial

Student ID

Street, P.O. Box

Maiden /Other Name

(     )

City

State

Zip

Phone

### To assure our records are accurate:

Birth Date: \_\_\_\_\_

Are you currently enrolled at HCC?

Yes     No, last year attended \_\_\_\_\_

Give the last day of attendance \_\_\_\_\_

Did you attend prior to Summer 1993?

No

If Yes, your complete Social Security Number is required to obtain your records.

\_\_\_\_-- \_\_\_\_-- \_\_\_\_

Number of Official/Sealed Transcripts \_\_\_\_\_ Number of Unofficial Transcripts \_\_\_\_\_

Please note on my transcript if I have completed course requirements (40 hours of Gen. Ed.) for I.A.I. (Illinois Articulation Initiative).

Check if desired

Will pick up    Day and Time \_\_\_\_\_

Send to student

Send directly to school, business, other

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize Highland Community College to release a copy of my academic record as indicated on this form.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Initial \_\_\_\_\_ Date Issued: \_\_\_\_\_

Initial \_\_\_\_\_ Verified Date: \_\_\_\_\_