

Request for Transcript

Please check one.

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

Legal Name Required

Last Name	First Name	Middle Name	Student ID Number
Street, RR #, P.O. Box		Maiden/Other Name/s (if used)	
		()	
City, State, Zip		Phone Number	

To Assure our records are accurate:

Are you currently enrolled at HCC? Yes No

Give the last day of attendance. _____ Birth Date _____

Did you attend prior to Summer 1993? Yes If yes, your complete Social Security Number is required to obtain those records.



Numbers of copies: _____ Official _____ Unofficial _____

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 & 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 records as indicated on this form.

Student Signature: _____ **Date:** _____

Office use only
 Initial _____ Issued Date _____
 Initial _____ Verified Date _____