Please send an official copy of my transcript to

Hinds Community College • Office of Admissions and Records
P.O. Box 1100 • Raymond, MS 39154-1100 • (601) 857-3212

TRANSCRIPT REQUEST

❑ Immediately ❑ After Graduation ❑ After Semester Grades Are Posted

(Please print and use the name you attended that school under) *Make check payable to the institution from which transcript is requested.*

NAME _____
(Last) (First) (Middle)

STUDENT'S CURRENT ADDRESS _____
(Number and Street or RFD) (City) (State) (Zip)

BIRTHDATE _____ **SOCIAL SECURITY NO.** ____ ____ ____ / ____ ____ / ____ ____ ____ ____
(Month) (Day) (Year)

DATE OF LAST ATTENDANCE _____

SIGNATURE _____ **DATE** _____

NOTE: **On high school transcripts, please show date of graduation, ACT scores (if available), and principal's signature.**

R8-01/TranscriptRequest/Admissions&Records/'01ZipA-K/Tré