



**TRANSCRIPT
REQUEST**

Hinds Community College
Office of Admissions and Records
P.O. Box 1100 • Raymond, MS 39154-1100

**TRANSCRIPT
REQUEST**

- Official transcript of records (sealed envelope)
- Personal copy of records

Mail _____
 Transcript _____
 to: _____

I will pick up my transcript at _____
HCC Location

Process this request:

- Immediately
- After posting grades for
 - Fall Spring Summer 1st Summer 2nd

Note: A separate form must be completed for each transcript mailed to a different address.

Student _____
 Name and _____
 Mailing _____
 Address: _____

Social Security No. _____ Date of Birth _____

Dates of Attendance, if Prior to 1982:
 From _____ to _____

If your name has been changed since your record was established, please print original name.

Amount Paid _____

Note: A fee is charged for each transcript.

Date _____ Telephone _____

Signature _____