



Hinds Community College

Office of Admissions and Records

P.O. Box 1100, Raymond, Mississippi 39154

Phone: 601.857.3212 | Fax: 601.857.3539 | Email: records@hindsc.edu

Please complete this form in its entirety. All lines MUST be completed or your request will be returned.

(PLEASE PRINT PLAINLY)

Last campus attended? Jackson ATC Jackson NAHC Rankin Raymond Utica Vicksburg

Student Name: _____ Former or Maiden Name(s): _____

Birth Date: ___/___/_____ Student ID #: _____ **OR** Last 4 digits of Social Security Number: _____

Address: _____
Street Apt# City State Zip Code

Were you enrolled prior to Fall 1982? Yes No Contact Number: _____

Are you currently enrolled? Yes No If not, last semester attended? _____

Pick up today How many? _____ Pick up at _____ campus How many? _____

Please send my transcript to:

Recipient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please use the address written above as my permanent mailing address for Hinds

Number of copies to send to the above address: _____

Notes:

- **The processing time is 24 - 48 hours.**
- **We do not fax transcripts.**
- **Transcripts will be put on hold pending current semester standings, grades and credentials being posted to transcripts.**

Send my transcript:

_____ Now

OR

_____ After grades post for which semester:

_____ **Spring**

_____ **Summer**

_____ **Fall**

I understand that, pursuant to rights contained in the Family Education Rights and Privacy Act of 1974, any information released to the above institution or individual will not be released to any other party without the written consent of the above-named student.

I have been given the opportunity to challenge the contents of my school records to insure that the school records are not inaccurate, misleading or otherwise in violation of my privacy or other rights and have been provided an opportunity for the correction or deletion of any such inaccurate, misleading or otherwise inappropriate data contained therein.

PLEASE READ CAREFULLY

- If you owe money to the College or if admission requirements have not been met, no transcript will be issued until the obligation has been cleared.
- High school, high school equivalency and other college/university transcripts that have been sent to our office for our files CANNOT BE COPIED or RELEASED by this office. You must contact the issuing institution for additional copies.
- Student records are confidential and transcripts are issued only by a written request that has been signed by the student.

X Signature _____ Date _____

Notice of Non-discrimination Statement: In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus & Administrative Services, District Dean of Student Services & Title IX Coordinator, Box 1003, Utica, MS, 39175, Phone: 601.885.7002, Email: titleIX@hindsc.edu