



REQUEST AND AUTHORIZATION FOR RELEASE OF TRANSCRIPTS

Soc.Security #: _____ Date of Birth: _____
OR ASSIGNED STUDENT ID #

Print Name: _____
LAST FIRST MI

Name while attending HCC: _____ Daytime phone#: _____

Address: _____
STREET CITY STATE ZIP CODE

Email address: _____

TRANSCRIPT FEE: \$5.00 PER COPY (CHECK OR MONEY ORDER ONLY)

Number of copies: _____ Amount Enclosed: \$ _____

Complete address where transcript is to be sent:
(PLEASE PRINT LEGIBLY)

Mail request to:
Houston Community College
Office of Student Records
P.O. Box 667517
Houston, TX. 77266-7517
Special Instructions:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

DO YOU CURRENTLY OWE ON A STUDENT LOAN: Yes () No: ()

NOTE: If checked "Yes" Transcript cannot be released without updated exit interview
Click (collegexit.com) for web site

Type of Transcript: Academic: (semester hour) ()
Workforce: (clock hour) ()
Continuing Education: (CEU) ()

Dates of Attendance: First semester attended: Fall: () Spring: () Summer: () Year: _____
Last semester attended: Fall: () Spring: () Summer: () Year: _____
Currently enrolled: Yes: () No: ()

Hold for grades: () Fall: () Spring: () Summer I: () Summer II: ()
Hold until degree is posted: () Fall: () Spring: () Summer I: () Summer II: ()

STUDENT SIGNATURE: _____ **DATE:** _____