

<b>YOUR NAME</b>	LAST	FIRST	M.I.
	PREVIOUS NAME(S)		
<b>CURRENT ADDRESS</b>	NUMBER	STREET	
	CITY	STATE	ZIP CODE
	HOME PHONE	WORK PHONE	

Check if applicable  Change my address of record at HCC to the address above.

<b>NUMBER OF COPIES</b>			
<input type="checkbox"/> Official <input type="checkbox"/> Unofficial	<b>Indicate whether you require an official or unofficial transcript for yourself.</b>		
<input type="checkbox"/> Official <input type="checkbox"/> Unofficial	NAME, INSTITUTION, OR ORGANIZATION		
	ATTENTION		
	ADDRESS		
	ADDRESS		
	CITY	STATE	ZIP CODE

## TRANSCRIPT REQUEST

STUDENT ID NUMBER	DATE OF BIRTH
<b>PLEASE CHECK ONE:</b>	
<input type="checkbox"/> Send Immediately <input type="checkbox"/> Student will pick up _____ (Date) <input type="checkbox"/> Hold for grade change <input type="checkbox"/> Send at end of semester <input type="checkbox"/> Send after degree is posted	
<b>NOTE:</b> Transcripts will not be released if student has an outstanding obligation to the College.	
STUDENT SIGNATURE (REQUIRED)	DATE

**24 HOUR NOTICE REQUIRED**  
 (During peak periods, additional time may be required)



**Records Office**  
 11400 Robinwood Drive  
 Hagerstown, MD 21742-6514  
 301-790-2800, ext. 2239  
 FAX: 301-791-9165  
[www.hagerstowncc.edu](http://www.hagerstowncc.edu)