



HIGHLAND COMMUNITY COLLEGE
 2998 West Pearl City Road, Freeport, IL. 61032
 FAX # 815-235-6130



Request for Transcript

Please check one:

- Send Transcript now
- Send Transcript at end of semester
- Send Transcript after Degree

Legal Name Required

Last Name	First Name	Middle Name	Student ID
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Street, PO Box	Maiden/Other Name
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City	State	Zip Code	Phone Number
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To assure our records are accurate: Birth date _____

Are you currently enrolled at HCC? Yes No, last year attended _____

Did you attend prior to Summer of 1993 Yes If yes, your complete Social Security Number is required to obtain those records _____



of Official/Sealed transcripts _____ # of Unofficial _____

Please note on my transcript if I have completed course requirements (40 hours of Gen.Ed.) for I.A.I. (Illinois Articulation Initiative). Check if desired.

Will Pick Up Day & Time _____

Send to Student

Send directly to School, Business, Other

Mail to: _____

I hereby authorize Highland Community College to release a copy of my Academic records as indicated on this form.

Student Signature: _____ Date: _____

Office Use Only
 Issued date _____
 Verified date _____