



Official Transcript Request Form

| Transcript Request Details | Registrar's Office Use ONLY |
|---|-----------------------------|
| How many official transcripts? _____ x \$6.00 per copy = Total Due \$ _____. | Amount Paid _____ |
| Include (choose): _____ Credit Courses _____ Non-Credit/Continuing Educ. Courses _____ Both | Date Printed _____ |
| Include a check or domestic money order made payable to HACC. | Date Sent/Picked-Up _____ |

Please read carefully:

- Per College policy any financial obligation to the College must be satisfied before a transcript will be released.
- Mail request to: HACC, Attn: Registrar's Office TL105, One HACC Drive, Hbg, PA 17110-2999 with accompanying check or money order. **Cash and credit card payments must be submitted to the campus Welcome Center.**
- Photo ID is required to pick up a transcript. *(All transcripts must be picked up at the Registrar's Office on the Harrisburg Campus, Ted Lick Administration Building, Room 105)*
- Official Transcripts issued to students are enclosed in a sealed envelope and should not be opened. Once opened the transcript may not be considered official.
- Official Transcripts **will not** be faxed.

Name: _____ Maiden or Prior Name(s): _____

HACC ID: H _____ **OR** Social Security # (last 4 digits): XXX - XX - _____

Current Mailing Address: _____

Date of Birth: _____ Phone Number: _____ Email: _____

*Student's Signature: _____ Date: _____

***Federal law requires transcript requests MUST be made in writing and be signed by the student, unless the transcript is being forwarded directly to another educational institution.**

PLEASE SEND TRANSCRIPT(S):

_____ To the address(es) listed below

_____ To the address listed above

_____ I will pick up the transcript

_____ I authorize _____
to pick up my transcript (Photo ID required)

PLEASE PROCESS MY REQUEST:

_____ As Soon As Possible

_____ Hold for _____ degree/certificate posted

_____ Hold for current semester grades *(please indicate a term)*
Fall _____ Spring _____ Summer _____

_____ Hold for College in the High School Grades

_____ Hold for grade change in _____ Course _____ Semester

Send _____ copy(s) to:

Person/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Send _____ copy(s) to:

Person/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____