

HILLSBOROUGH

Community College
Transcript Request

Social Security or Student ID No.

LIMIT OF ONE TRANSCRIPT PER REQUEST FORM

Please Print:

Last Name First Name M.I. (Previous Name)

Telephone Numbers:

- Home _____
 Work _____
 E-Mail _____

Address (Street/City/State/Zip)

Check here if this is an address change.

Social Security or ID Number must be included and all financial obligations to the college must be satisfied or this form will not be processed. Allow 10 working days for processing. If request is made during registration periods, the processing time is longer

Please print: Send transcript to: (must be filled out or request will not be processed)

Name/College:	_____
Attention:	_____
Address:	_____
City/State:	Zip Code: _____

Office Use Only:

Date Sent _____

Sent By _____

3-1-080 (04/04)

Dale Mabry Campus
P.O. Box 30030
Tampa, FL 33630-3030

Plant City Campus
1206 North Park Road
Plant City, FL 33566-2799

Ybor City Campus
P.O. Box 5096
Tampa, FL 33675-5096

Brandon Campus
10414 E. Columbus Dr.
Tampa, FL 33619-7856

HCC at MacDill
8102 Condor St.
MacDill AFB, FL 33621

Are you requesting:

- College Credit Transcript
 Continuing Education
(Community Services) Transcript
 Gordon Keller School of Nursing
 PSAV

When to send Transcript:

- Mail Transcript Now
 Hold for Current Term Grades
 Hold for Graduation Statement,
Graduating Term _____

First Term Attended: _____

Last Term Completed: _____

Student's Signature

Date

My signature authorizes HCC to release my records and test scores.