HILLSBOROUGH
Community College

Transcript Request

Social Security or HCC Student ID No.

LIMIT OF ONE TRANSCRIPT PER REQUEST FORM

Please Print All Information Requested:

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

Address (Street/City/State/Zip)

E-Mail Address _____

☐ Check here if this is an address change.

Telephone Numbers:
☐ Home _____
☐ Work _____
☐ Cell _____

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 5-7 working days for processing. If request is made during registration periods, the processing time is longer.

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

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

Office Use Only: _____ **Date Received** _____ **Date Sent** _____ **Sent By (Print)**

3-1-080 (10/08)

$5.00 FEE PER TRANSCRIPT
(Check or Money Order)

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

☐ **Ybor City Campus**
2112 14th Street
Tampa, FL 33605-5096

☐ **SouthShore Center**
551 24th Street N.E.
Ruskin, FL 33570

☐ **Plant City Campus**
& MacDill Center
1206 North Park Road
Plant City, FL 33563-1540

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

I am requesting:
☐ Regular College Credit Transcript
☐ Continuing Education Transcript
☐ PSAV Transcript
☐ Other: _____

When to send transcript:
☐ Send immediately
☐ Hold for degree or certificate statement for _____ term
☐ Hold for end of _____ term

_____
Student's Signature **Date**

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