

# HILLSBOROUGH

Community College  
Transcript Request

HCC Student ID Number

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) \_\_\_\_\_ Telephone Numbers: \_\_\_\_\_

E-Mail Address \_\_\_\_\_  Home \_\_\_\_\_

Check here if this is an address change.  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)

- Dale Mabry Campus  
P.O. Box 30030  
Tampa, FL 33630-3030
- Ybor City Campus  
2112 N. 15th Street  
Tampa, FL 33605
- 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 33619-7056

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.