

For Office Use Only:
Processed by:
Date Sent:
X \$5.00 = \$

OFFICIAL TRANSCRIPT REQUEST

To request a transcript from Haywood Community College, please print $\underline{\mathsf{ALL}}$ information clearly.

Personal Information				
Name_	SSN or Student II)#		
Traine	5514 61 51446116 18			
Address_				
Street	City, State	Zip		
Other Names (Former/Maiden)	_Date of Birth	Phone		
I attended HCC prior to 1984.	I att	tended HCC during or after 1984.		
Transcript Information				
Haywood Community College charges \$5.00 for each official transcript. Official Transcripts will be mailed within 1-2 business days upon receipt of the transcript request. Please allow up to 5 days to process requests for academic coursework completed prior to 1984.				
I will pick up copies of my official transcript. (Photo ID required.) HOLD this request until after semester grades are posted				
Mail transcript(s) to: Quantity	Mail transcript(s) to:			
Total # of transcripts requested Release Information	x \$5.00 =			
In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby grant permission to release my Haywood Community College transcript to the agency/business/institution listed above.				
I certify that the records that I am requesting to be released are my own. I further understand that if I sign for another individual's record to be released, I will be held liable.				
Student's Signature		_Date		

*Method of payment accepted: cash, money order, or credit card (paid online or in-person ONLY.)