

## **OFFICIAL TRANSCRIPT REQUEST**

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To request a transcript from Haywood Community College, please print <u>ALL</u> information clearly.

Personal Information			
NameSSN or Student ID #			
Address			
Street	City, State	Zip	
Other Names (Former/Maiden)	Date of Birth	Phone	
I attended HCC prior to 1984.	I attended HCC during or after 1984.		
Transcript Information			
completed prior to 1984.  I will pick up copies of my official transcript. (Phoenical transcript) to:  Quantity	to ID required.)  Mail transcript(s) to:  Quantity		
Total # of transcripts requested	x \$5.00 =		
Release Information			
In accordance with the Family Educational Rights	and Privacy Act of 1974, I hereby		
Haywood Community College transc	cript to the agency/business/instit	ution listed above.	
I certify that the records that I am requesting to be released a be released, I will be held liable.			

<sup>\*</sup>All financial obligations must be cleared before any transcript will be released.

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