



**REQUEST AND AUTHORIZATION FOR RELEASE OF TRANSCRIPTS**

Soc.Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
OR ASSIGNED STUDENT ID #

Print Name: \_\_\_\_\_  
LAST FIRST MI

Name while attending HCC: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Email address: \_\_\_\_\_

**TRANSCRIPT FEE: \$5.00 PER COPY (CHECK OR MONEY ORDER ONLY)**

Number of copies: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Complete address where transcript is to be sent:  
(PLEASE PRINT LEGIBLY)

**Mail request to:**  
Houston Community College  
Office of Student Records  
P.O. Box 667517  
Houston, TX. 77266-7517  
Special Instructions:

Name: \_\_\_\_\_

\_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

**DO YOU CURRENTLY OWE ON A STUDENT LOAN:** Yes ( ) No: ( )

NOTE: If checked "Yes" Transcript cannot be released without updated exit interview  
Click ([collegexit.com](http://collegexit.com)) for web site

Type of Transcript: Academic: (semester hour) ( )  
Workforce: (clock hour) ( )  
Continuing Education: (CEU) ( )

Dates of Attendance: First semester attended: Fall: ( ) Spring: ( ) Summer: ( ) Year: \_\_\_\_\_  
Last semester attended: Fall: ( ) Spring: ( ) Summer: ( ) Year: \_\_\_\_\_  
Currently enrolled: Yes: ( ) No: ( )

Hold for grades: ( ) Fall: ( ) Spring: ( ) Summer I: ( ) Summer II: ( )

Hold until degree is posted: ( ) Fall: ( ) Spring: ( ) Summer I: ( ) Summer II: ( )

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_