

**HOUSTON COMMUNITY COLLEGE SYSTEM**  
*REQUEST AND AUTHORIZATION FOR RELEASE OF TRANSCRIPTS*

SOC. SEC. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

PRINT NAME \_\_\_\_\_  
LAST FIRST MI MAIDEN

NAME WHILE \_\_\_\_\_  
LAST FIRST MI MAIDEN

ATTENDING HCCS \_\_\_\_\_ DAY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

DATE OF REQUEST \_\_\_\_\_, 20\_\_\_\_ NUMBER OF COPIES \_\_\_\_\_  
MONTH/DAY YEAR

(COMPLETE ADDRESS WHERE TRANSCRIPT IS TO BE SENT)  
 (PLEASE PRINT PLAINLY)

**SENT TO:** NAME \_\_\_\_\_  
 \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGN HERE **X** \_\_\_\_\_ DATE MAILED \_\_\_\_\_

Do you currently owe on a student loan? Yes  No

**Check One:**

Send immediately

Hold for grades  Fall  Spring  Summer I  Summer II

Hold until degree is posted  Fall  Spring  Summer I  Summer II

**TYPE OF TRANSCRIPT**

**Check One:**

Academic (Semester Hour)  Vocational Tech (Clock Hours)  Continued Education (C. E. U.)

Do you have advanced standing or credit by exam hours?  
 Yes  No

**SEMESTER OF ATTENDANCE**

First semester attended:  Fall  Spring  Summer Year \_\_\_\_\_

Last Semester attended:  Fall  Spring  Summer Year \_\_\_\_\_

Currently enrolled:  Yes  No

Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUEST FOR TRANSCRIPTS**

- Request may be completed at the Registrar's Office, 3100 Main or any HCCS Campus.
- TRANSCRIPTS AVAILABLE ON REQUEST** at 3100 Main, and Central Campus.
- A transcript will be released to a third party **ONLY** with the written consent of the student.
- Allow 2 day for requests made at 3100 Main to be sent, 1 week for requests made at other campuses.  
 Allow additional time after the close of the semester for transcripts holding for grades.
- Allow 2 weeks for processing at a receiving institution.
- Requests will be kept on file for 6 months. Verify that your transcript has been received within that time.
- All holds must be cleared before transcripts are sent.
- Only **HCCS TRANSCRIPTS** will be sent.

**Mail to:**  
**Transcript Office**  
**P. O. Box 667517**  
**Houston, Texas 77266-7517**