

**HARFORD COMMUNITY COLLEGE
UNDERGRADUATE TRANSCRIPT REQUEST**

Complete form and mail or submit in person to:
Registration & Records Office
Harford Community College
401 Thomas Run Road, Bel Air, MD 21015
(443) 412-2222

For Official Use Only

Payment Rec'd: _____

Student Hold: Yes _____ No _____

Date Processed: _____

Requests are processed within two-three business days; however, at certain times of the year it may take longer due to increased demand or grade processing.

Please note that **all financial obligations** must be cleared before the College can release transcripts.

There is a \$5.00 per transcript charge for official transcripts.

If submitted by mail, check or money order, made payable to Harford Community College, must be included.

In person requests must pay fee at the Cashier's Office before submitting request to Registration & Records.

Student Name: _____ Harford ID or SSN #: _____

Former Name: _____ Birth Date: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Mail transcript to my address above

Last semester enrolled: _____

Release my transcripts to the following institutions or individuals:

QTY

NAME: _____

ADDRESS: _____

QTY

NAME: _____

ADDRESS: _____

Select One:

___ Send now as record stands ___ Send after grades are posted

___ Send after degree is posted ___ Hold for pick-up*

Total # Transcripts
(@ \$5.00 per transcript)

**By Mail: Enclose Check or
Money Order Only**

\$ _____

Do Not Mail Cash

Student Signature: _____

Date: _____

**If you want someone else to pick up your transcript, you must provide a letter that authorizes the College to release your transcript to that individual. Your transcript will not be released without your signed written permission.*