

# Transcript Request

Processing fee \$5.00 per copy

Henderson Community College  
Admissions & Records Office  
2660 S. Green St.  
Henderson, KY 42420

Emplid \_\_\_\_\_

SS# \_\_\_\_\_ \* **Social Security Number** must be completed, and all financial obligations must be satisfied or this form will not be processed.

Date of Request	
Student's Name	
Date of Birth	
Mailing Address	
Phone #	

Please complete this information:

Current HCC Student      Y    N  
Last Semester Enrolled \_\_\_\_\_  
HCC Graduate:              Y    N  
Graduation Date: \_\_\_\_\_

Number of transcripts requested \_\_\_\_\_  
Enclose Observation Hours Y    N  
Hold for Pick-Up            Y    N  
Hold for Current Grades    Y    N  
Hold for Graduation        Y    N

Transcript Recipient	

Student's Signature

\_\_\_\_\_

### Office Use Only

Evaluated for Gen Ed. \_\_\_\_\_

Amount Paid      Cash \_\_\_\_\_ Check \_\_\_\_\_ MO \_\_\_\_\_ Request Processed by: \_\_\_\_\_ Date: \_\_\_\_\_