



Harrisburg Area Community College

Office of the Registrar, One HACC Drive, Harrisburg, PA 17110-2999

(717) 780-2373 • record@hacc.edu

www.hacc.edu

Official Transcript Request Form

Transcript Request Details	Registrar's Office Use ONLY
How many official transcripts? _____ x \$6.00 per copy = Total Due \$ _____.	Amount Paid _____
Include (choose): _____ Credit Courses _____ Non-Credit/Continuing Educ. Courses _____ Both	Date Printed _____
Include a check or domestic money order made payable to HACC.	Date Sent/Picked-Up _____

Please read carefully:

- Per College policy any financial obligation to the College must be satisfied before a transcript will be released.
- Mail request to: HACC, Attn: Registrar's Office TL105, One HACC Drive, Hbg, PA 17110-2999 with accompanying check or money order. **Cash and credit card payments must be submitted to the campus Welcome Center.**
- Photo ID is required to pick up a transcript. *(All transcripts must be picked up at the Registrar's Office on the Harrisburg Campus, Ted Lick Administration Building, Room 105)*
- Official Transcripts issued to students are enclosed in a sealed envelope and should not be opened. Once opened the transcript may not be considered official.
- Official Transcripts **will not** be faxed.

Name: _____ Maiden or Prior Name(s): _____

HACC ID: H _____ **OR** Social Security # (last 4 digits): XXX - XX - _____

Current Mailing Address: _____

Date of Birth: _____ Phone Number: _____ Email: _____

*Student's Signature: _____ Date: _____

***Federal law requires transcript requests MUST be made in writing and be signed by the student, unless the transcript is being forwarded directly to another educational institution.**

PLEASE SEND TRANSCRIPT(S):	PLEASE PROCESS MY REQUEST:
_____ To the address(es) listed below	_____ As Soon As Possible
_____ To the address listed above	_____ Hold for _____ degree/certificate posted
_____ I will pick up the transcript	_____ Hold for current semester grades <i>(please indicate a term)</i>
_____ I authorize _____	_____ Fall _____ Spring _____ Summer _____
_____ to pick up my transcript (Photo ID required)	_____ Hold for College in the High School Grades
	_____ Hold for grade change in _____ Course _____ Semester

Send _____ copy(s) to:

Person/Institution: _____
Address: _____

City: _____ State: _____ Zip: _____

Send _____ copy(s) to:

Person/Institution: _____
Address: _____

City: _____ State: _____ Zip: _____

Note: Complete mailing name and address **MUST** be provided.

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Updated:12/2014