

INSTRUCTIONS:

Please print this form, fill in the requested information and send it to the Office of the Registrar. Allow 2 to 3 days for normal processing. **PRINT CLEARLY** in the space provided. Transcripts will not be sent if there is any hold on the student account. If payment was submitted on the latter, it will not be refunded.

Mail: Holy Cross College, Office of the Registrar, 54515 SR 933 N, PO Box 308, Notre Dame, IN 46556

Email: transcripts@hcc-nd.edu

IDENTIFYING INFORMATION:

☐ Current Student

☐ Former Student, Year(s) Attended HC _____

Today's Date: _____

Holy Cross ID or Last four digits of SSN: _____

Name on Record: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Email Address: _____

Telephone Number: _____

REQUEST:

Number of Copies _____

☐ Pick up Transcript at the Office of the Registrar, Vincent Building 177

☐ Mail the Transcript using standard First Class US Mail

☐ Hold for current semester grades

☐ Hold for degree awarded on the transcript

Mailing Address:

Name/School _____

Address/Street _____

Address _____

City/ST/Zip _____

Name/School _____

Address/Street _____

Address _____

City/ST/Zip _____

☐ Express mail the transcript to U.S. Domestic Address – Additional fee \$25

Shipping Address for express delivery (must be a physical address; no P.O. Box):

Name/School _____

Address/Street _____

Address _____

City/ST/Zip _____

Telephone _____

Name/School _____

Address/Street _____

Address _____

City/ST/Zip _____

Telephone _____

FEE:

☐ Free Transcript: ☐ I am a current student; or ☐ I have a degree from Holy Cross College.

☐ Enclosed \$10 Cash, Check, or Money Order payable to Holy Cross College for each copy.

☐ Payment made by calling the Business office at (574) 239-8403.

SIGNATURE (Required):