



Harrisburg Area Community College

Central Pennsylvania's Community College
 Records Office, One HACC Drive, Harrisburg, PA 17110
 Phone (717) 221-1300 x1695
 www.hacc.edu

Transcript Request Form

<p style="text-align: center;">Transcript Type</p> <p>(Please complete a separate Transcript Request Form for each transcript type)</p> <p>Official Qty _____ Requested x \$3.00 per copy = Amount Due \$ _____</p> <p>Unofficial Qty _____ Requested (no fee required)</p> <p>_____ Credit Courses _____ Non-Credit/Continuing Education Courses _____ Both</p>	<p style="text-align: center;">Payment Method:</p> <p>Check OR Domestic Money Order ONLY Made payable to: HACC</p>
	<p style="text-align: center;">Records Office Use:</p> <p>Amount Paid _____ Date Printed _____</p> <p>Date Sent/Picked-Up _____</p>

Please read carefully for important information about requesting transcripts:

- Per AP 641 all financial obligations to the College must be satisfied before transcripts will be issued.
- For Official Transcripts, mail request to: HACC, Attn: Central Records PC409, One HACC Drive, Hbg, PA 17110.
- Cash and credit card payments mailed to the Central Records office WILL NOT be accepted.**
- Photo ID is required if transcripts will be picked up. *(All transcripts must be picked up in the Central Records Office at HACC's Penn Center 3 location – formerly Polyclinic Hospital Education Bldg., 349 Wiconisco Street, Harrisburg, PA 17110.)*
- 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):

_____ To the address(es) listed below

_____ To the address listed above

_____ I will pick up the transcript

_____ I authorize _____ to pick up my transcript (Photo ID required)

_____ Fax (**Unofficial Transcripts ONLY**) # _____

PLEASE PROCESS MY REQUEST:

_____ As Soon As Possible

_____ Hold for _____ degree/certificate posted

_____ Hold for current semester grades (*please indicate a term*)

Fall _____ Spring _____ Summer _____

_____ 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: 3/2012