Transcript Request Form

Office of the Registrar

Name: (list all names attended under): __________________________________________________________

College ID H#: ________________________________ Date of Birth: _________________________________

Address: ______________________________________________________________________________

City, State, Zip: __________________________________________ Phone Number: ___________________

☐ Send transcript to college/university below

☐ Hold transcript until grades are posted for this term

☐ Hold transcript until degree(s) are posted for this term

_____________________________________________________________________________________

Name of college/university   address   city, state, zip

_____________________________________________________________________________________

Name of college/university   address   city, state, zip

_____________________________________________________________________________________

Name of college/university   address   city, state, zip

I give permission to HGTC to release my academic transcript to the address(es) as indicated.

_____________________________________________________________________________________

STUDENT SIGNATURE   DATE

I authorize ___________________________________ to pick up my transcripts. Proof of ID must be presented.

Transcripts ordered in person or by mail: $15.00 each.

If you choose to fax your transcript request, please fax it to 843-234-2213. You will need to contact
Student Accounts at 843-349-5284 to pay for the transcript(s) before your request will be processed.

E-Transcripts ordered through www.parchment.com are $10.00 each.

We do NOT fax official or unofficial transcripts.