

Transcript Request Form

Office of the Registrar

Name: (list all names attended un	der):	
College ID H#:	Date of E	Birth:
Address:		
City, State, Zip:	Phone Number:	
Send transcript to colle	ge/university below	
Hold transcript until gr	rades are posted for this term	
Hold transcript until de	egree(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 re	elease my academic transcript to the add	dress(es) as indicated.
STUDENT S	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 <u>www.parchment.com</u> are \$10.00 each.

We do NOT fax official or unofficial transcripts.