

Please send an official copy of my transcript to Hinds Community College • Office of Admissions and Records P.O. Box 1100 • Raymond, MS 39154-1100 • (601) 857-3212

TRANSCRIPT
REQUEST

∟ Immediately	y After Graduation After Semester Grades Are Posted					
(Please print and use the name you att	ended that school under)	Make check payable to	the institution f	rom which transc	cript is requested	
NAME						
(Last)	(Last)		(First)		(Middle)	
STUDENT'S CURRENT ADDRESS						
(Nu	mber and Street or RFD)	(Cit	y)	(State)	(Zip)	
Month) (Day)	(Year) SOCIAL SE	CURITY NO	/	/		
DATE OF LAST ATTENDANCE						
SIGNATURE			DATE			

NOTE: On high school transcripts, please show date of graduation, ACT scores (if available), and principal's signature.