



Hinds Community College

Office of Admissions and Records
P.O. Box 1100, Raymond, Mississippi 39154
Phone: 601.857.3212 | Fax: 601.857.3539 | Email: records@hindsc.edu

Transcript Request Form

*Please complete this form in its entirety. All lines MUST be completed or your request will be returned.
(PLEASE PRINT PLAINLY)*

Last campus attended? Jackson ATC Jackson NAHC Rankin Raymond Utica Vicksburg

Student Name: _____ Former or Maiden Name(s): _____

Birth Date: ___/___/_____ Student ID #: _____ **OR** Last 4 digits of Social Security Number: _____

Address: _____
Street Apt# City State Zip Code

Were you enrolled prior to Fall 1982? Yes No Contact Number: _____

Are you currently enrolled? Yes No If not, last semester attended? _____

Pick up today How many? ____ Pick up at _____ campus How many? ____

<p>Please send my transcript to: Recipient Name: _____ Address: _____ City: _____ State: _____ Zip: _____ <input type="checkbox"/> Please use the address above as my permanent mailing address for Hinds Number of copies to send to the above address: _____ Notes:</p> <ul style="list-style-type: none"> • The processing time is 24 - 48 hours. • We do not fax transcripts. 	<p>Send my transcript: ____ Now OR ____ After grades post for which semester: ____ Spring ____ Summer ____ Fall</p>
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I understand that, pursuant to rights contained in the Family Education Rights and Privacy Act of 1974, any information released to the above institution or individual will not be released to any other party without the written consent of the above-named student.

I have been given the opportunity to challenge the contents of my school records to insure that the school records are not inaccurate, misleading or otherwise in violation of my privacy or other rights and have been provided an opportunity for the correction or deletion of any such inaccurate, misleading or otherwise inappropriate data contained therein.

PLEASE READ CAREFULLY
<ul style="list-style-type: none"> • All financial obligations to the College and admission requirements must be cleared before transcripts can be issued. • Transcripts sent to this office for our files CANNOT BE COPIED or RELEASED. You must contact the issuing institution for copies. • Student records are confidential and transcripts are issued only by a written request that has been signed by the student.

X Signature _____ Date _____

Notice of Non-discrimination Statement

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: EEOC Compliance: Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindsc.edu. Title IX: Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: Titleix@hindsc.edu.