



Student Transcript Request Form

If you were enrolled in an HCPSS High school **LESS than 5 years ago**, please **contact your high school for a transcript.**

\$5.00 cash or money order (made out to HCPSS) per *each* copy of the transcript.

NAME ON DIPLOMA: _____

HIGHSCHOOL: _____ **GRADUATION YEAR:** _____

CURRENT NAME/ADDRESS: _____

EMAIL: _____ **PHONE #:** _____

NUMBER OF TRANSCRIPTS MAILED TO CURRENT ADDRESS: _____

NUMBER OF TRANSCRIPTS MAILED TO ALTERNATE ADDRESS _____

MAIL TRANSCRIPT(S) TO ALTERNATE NAME/ADDRESS: _____

I GIVE APPROVAL TO HAVE TRANSCRIPTS SENT BY U.S. MAIL OR TRANSMITTED ELECTRONICALLY TO THOSE LISTED ABOVE. Allow 7 business days for processing.

Signature

Date of Request

Email Educational Verifications or Questions/Concerns to:

student_transcripts@hcpss.org

Mail Form and Cash or Money Order (\$5.00 per transcript) to:

Student Transcripts Office
HCPSS Applications and Research Lab
10920 Clarksville Pike, Room C-7
Ellicott City, MD 21042