

HEARTLAND COMMUNITY COLLEGE
TRANSCRIPT REQUEST FORM

PLEASE PRINT

General information:

Students Social Security # or ID # _____ Date of Request _____

Student Name: _____
Last First Middle

Address: _____
Street City State Zip County

Home Telephone # _____ Work Telephone # _____

High School Attended: _____
Name City State Zip

HS Graduation Date: _____ GED Completion: _____
Day Month Year Day Month Year

Please check one of the following: _____ I am currently attending HCC _____ I last attended HCC _____
Semester Year

_____ Bloomington-Normal School of Radiography – Graduation Year _____

Mailing Instructions:

_____ Send after _____ semester grades are posted.

_____ Send after graduation certification is posted. (Allow 6-8 weeks after semester ends.)

_____ Send now. (Transcripts are processed in a 72-hour period except at end of grading period when process will take longer.)

Additional instructions for mailing _____

Send transcript to _____ Number of copies _____

_____ Address City State Zip

Send transcript to _____ Number of copies _____

_____ Address City State Zip

STUDENT SIGNATURE (required) _____

Additional transcripts needed:

Send transcript to _____ Number of copies _____

Address _____ City _____ State _____ Zip _____

Send transcript to _____ Number of copies _____

Address _____ City _____ State _____ Zip _____

Send transcript to _____ Number of copies _____

Address _____ City _____ State _____ Zip _____

Send transcript to _____ Number of copies _____

Address _____ City _____ State _____ Zip _____

Send transcript to _____ Number of copies _____

Address _____ City _____ State _____ Zip _____

Transcript requests may be mailed or faxed to the following:

Heartland Community College

1500 W. Raab Rd.

Normal, IL 61761

Attn: Karen

OR

Fax: (309) 268-7992

Student signature is required for processing.

There is no transcript processing fee.

Transcripts are processed in a 72-hour period, except at the end of grading period when process will take longer.