

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

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.

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 PROHIBITS EDUCATIONAL INSTITUTIONS FROM RELEASING STUDENT RECORDS WITHOUT THE WRITTEN CONSENT FROM THE STUDENT.