



HCI College Request for:

High School Official Transcript

College Official Transcript

School's Name & Campus Location:

Attn: Registrar
Re: Official Transcript

Records Office:

Please mail an official transcript along with a copy of this form to:

***HCI College
Attn: Office of the Registrar
1201 W. Cypress Creek Rd. Suite 101
Fort Lauderdale, Florida 33309***

NOTE: eScripts can be emailed to:
reg@hci.edu

Student Information

Student Full Name: _____

Name while attending school (if different): _____

Phone #: _____ Email: _____

Address: _____

Date of Birth: _____ SSN: _____

Dates attended: _____ to _____ Graduated: Yes No

I hereby authorize **HCI College** to obtain an Official Transcript on my behalf.

Student's Signature: _____ Date: _____