



**HCI College Request for:**

High School Official Transcript

College Official Transcript

**School's Name & Campus Location:**

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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  
1764 N. Congress Ave.  
Suite 203  
West Palm Beach, Florida 333409***

NOTE: eScripts can be emailed to:  
[reg@hci.edu](mailto: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: \_\_\_\_\_