



# Transcript Request Form

**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  
 1760 N. Congress Ave. Suite 101  
 West Palm Beach, Florida 33409*

NOTE: eScripts can be emailed to:  
[Reg@HCI.edu](mailto:Reg@HCI.edu)

**STUDENT INFORMATION:**

**Student's Full Name:** \_\_\_\_\_

**Name while attending school (if different):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**Dates Attended:** \_\_\_\_\_ to \_\_\_\_\_ **Graduated:**  Yes  No

***I HEREBY AUTHORIZE HCI COLLEGE TO OBTAIN AN OFFICIAL TRANSCRIPT ON MY BEHALF.***

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date