



TRANSCRIPT REQUEST FORM

80 Vandenburgh Ave, Troy, NY 12180 (518) 629-4574 www.hvcc.edu

Submission: Submit this form to the Registrar's Office in-person with picture ID, by mail to the address above or via fax at (518) 629-8094. Transcripts can also be printed and provided to a student in-person during regular business hours (photo ID is required). By federal law, e-mailed requests cannot be considered as consent for release of transcript information.

Web requests: Transcripts may be requested online via your HVCC WIREd account. Would you like your username and password mailed to you so you can access WIREd? Yes No (Please note your username and password must be mailed to the permanent address on file at the college.)

Processing: All requests are processed within 3 to 5 business days. Requests received via fax will be processed with those received by mail. **Transcripts cannot be released without student signature.** Any incomplete requests or those that cannot be processed due to outstanding financial obligations with the college will be returned to the student at the address provided below.

Fees: No fee is charged for transcripts sent via U.S. mail. There is a \$10 fee for the Registrar's Office to send an unofficial transcript via fax (see "fax payment information" below).

Name: _____ HVCC ID# or SS# _____

Any previous names: _____ Date of Birth: _____

Permanent Address: _____ Is this a change of name* or address? Yes No

Name changes must be accompanied by a social security card. Your name on file with the College must match your name as filed with the Social Security Administration. Those not eligible for a social security number must provide other legal documentation (i.e. ITIN letter or court documentation).

Phone: (_____) _____
Did you attend prior to 1971? Yes No

Please send my Hudson Valley Community College transcript to the following address(es):

Request #1: _____

Request #2: _____

Office (if different than Admissions)

Office (if different than Admissions)

Name of College or Business

Name of College or Business

Street Address

Street Address

City, State, Zip

City, State, Zip

Fax Number (if *unofficial* transcript is to be faxed)

Fax Number (if *unofficial* transcript is to be faxed)

Transcript(s) will be sent immediately unless otherwise indicated below:

- send transcript after degree/certificate is posted: expected completion date _____
- send transcript after final grades are processed for the _____ semester
- send transcript after revision of _____

STUDENT SIGNATURE _____ **Date** _____

Transcripts cannot be released without student signature.

Office use only: Amount paid: \$ _____ Receipt #: _____ Date sent _____
Cashier initials _____ Payment date _____ Registrar Initials _____

Fax Payment Information: The fee to send an *unofficial* transcript via fax is \$10 per transcript.

I have enclosed a check or money order in the amount of \$ _____ payable to Hudson Valley Community College.
Please enclose the original check or money order. Copies of checks or money orders will not be accepted.

I authorize Hudson Valley Community College to charge my **credit card** in the amount of \$ _____.
Card type (debit cards not accepted): MasterCard VISA
Card #: _____ Security Code _____ Expiration Date _____

Cardholder Signature _____