



### Transcript Request Form

- Complete a separate form for each mailing address.
- Mail completed form to Hellenic College Holy Cross, Office of the Registrar, 50 Goddard Avenue, Brookline, MA 02445 or send via email to [jostrosky@hchc.edu](mailto:jostrosky@hchc.edu).
- There is a \$5.00 fee per official transcript. Checks are to be made payable to Hellenic College, Inc. or pay by credit card with the Bursar's Office (617-850-1272).
- Allow a minimum of 3 business days for transcript processing.

### Required Information

\_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Maiden Name (if applicable)

\_\_\_\_\_ Apartment/Unit #  
Street Address

\_\_\_\_\_ State ZIP Code  
City

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Institution Attended: Hellenic College  Holy Cross

Year of Graduation: \_\_\_\_\_  Currently Enrolled  Did not graduate

Total number of transcripts being requested (\$5.00 per transcript): \_\_\_\_\_

Indicate here if you wish to have the transcript sent at the conclusion of the semester: YES  NO

Please select **one** of the below options:

- Hold transcript for pick-up on campus.
- Mail transcript to above home address.
- Mail transcript to the below address.

\_\_\_\_\_  
\_\_\_\_\_

### Authorization of Transcript Release

*I hereby authorize Hellenic College Holy Cross to forward my official transcript to the institution, individual, and/or organization designated above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HCHC Internal Use Only

Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Bursar: \_\_\_\_\_ Registrar Mail Date: \_\_\_\_\_