



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.
- 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 (617-850-1232).
- 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: _____