

Transcript Request

Mt. Hood Community College

PLEASE FILL THIS FORM IN COMPLETELY

Missing information may affect or delay your transcript request.

MAIL TO:
MHCC/Transcripts
Admissions/Records
Gresham, OR 97030

FAXED REQUESTS
503-491-7388

No Fee Required

YOUR INFORMATION (PRINT CLEARLY)

First Name Middle Initial Last Name Student ID # or Social Security Number

Other names known at MHCC _____ Telephone # _____

Street Address

City, State & Zip

Date of Birth

Special Instructions:

- Order now
- Hold for current term grades.
- Hold until degree is posted.

SEND OFFICIAL TRANSCRIPTS TO:

Number of Copies _____

Name

Address

City, State & Zip

Number of Copies _____

Name

Address

City, State & Zip

I authorize MHCC to release my transcripts to the address(s) indicated above.

Student Signature (REQUIRED)

Date