

INSTRUCTIONS:

Please print this form, fill in the requested information and send it the Office of the Registrar. Allow 2 to 3 days for normal processing. PRINT CLEARLY in the space provided. Transcripts will not be sent if there is any hold on the student account; if payment was submitted on the latter, it will not be refunded.

Mail: Holy Cross College, 54515 SR 933 N, PO Box 308, Notre Dame, IN 46556

Fax: 574.239.8323

Email: rsullivan@hcc-nd.edu

IDENTIFYING INFORMATION:

Current Student

Former Student, Dates Attended HC _____

Today's Date: _____

Last four digits of SSN: _____

Name on Record: _____

Maiden Name (if applicable): _____

Residential Address: _____

Telephone Number: _____

REQUEST:

_____ Number of Copies

(Choose one)

Pick up Transcript at the Office of the Registrar, Vincent Building 149

Mail the Transcript using standard First Class US Mail

Mailing Address:

Name/School _____

Name/School _____

Address/Street _____

Address/Street _____

Address _____

Address _____

City/ST/Zip _____

City/ST/Zip _____

Express mail the Transcript to U.S. Domestic Address – Fee \$25

Shipping Address:

Name/School _____

Name/School _____

Address/Street _____

Address/Street _____

Address _____

Address _____

City/ST/Zip _____

City/ST/Zip _____

Telephone _____

Telephone _____

FEE:

Free Transcript: Transcripts are free for current students and Bachelor/ Associate degree graduates.

Enclosed \$5 Cash, Check, or Money Order payable to Holy Cross College for each copy.

Payment of \$5 or \$25 made on the Holy Cross College website with a credit card for each copy.

<http://www.hcc-nd.edu/pay> Enter your telephone number when asked for Holy Cross Student ID #.

SIGNATURE (Required):