

Request for Transcript Form

Fill out the form below online. Print, sign and mail it address below.

Student HC ID Number or
Last Four Digits of Social Security Number:

Name:

Please use name as it appears on College records (example: if now married please provide maiden name).

Email Address: Phone:

Number of Transcripts Requested: There is no fee.

Current Status: In Attendance (Class Year):

Graduate (Class or Graduating Year):

Not In Attendance (Year(s) of Attendance):

Send Transcript: Send now Send after grades are posted Send after degree is posted

To:

Mailing Address:

Address line 2:

Address line 3:

City: State: Zip Code:

Country:

Signature: _____ Date: _____

Required for processing

Fill out the form above, print, sign and mail this form:

College of the Holy Cross, Office of the Registrar, 1 College Street, Worcester, MA 01610-2395