

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, Office of the Registrar, 54515 SR 933 N, PO Box 308, Notre Dame, IN 46556

Fax: (574) 239-8313

Email: transcripts@hcc-nd.edu

IDENTIFYING INFORMATION:

Current Student Former Student, Dates Attended HC _____

Today's Date: _____

Holy Cross ID or 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 173

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 \$10 Cash, Check, or Money Order payable to Holy Cross College for each copy.

Payment of \$10 or \$25 made by calling the Business office at (574) 239-8403.

SIGNATURE (Required):