Student Transcript Request Form

If you were enrolled in an HCPSS High school LESS than 5 years ago, please contact your high school for a transcript.

$5.00 cash or money order (made out to HCPSS) per each copy of the transcript.

NAME ON DIPLOMA: __________________________________________________________

HIGH SCHOOL: _______________________________________ GRADUATION YEAR: _____

CURRENT NAME/ADDRESS: ______________________________________________________

____________________________________________________________________________

EMAIL: ______________________________________ PHONE #: __________________________________

NUMBER OF TRANSCRIPTS MAILED TO CURRENT ADDRESS: ______

NUMBER OF TRANSCRIPTS MAILED TO ALTERNATE ADDRESS _____

MAIL TRANSCRIPT(S) TO ALTERNATE NAME/ADDRESS: ______________________________

____________________________________________________________________________

I GIVE APPROVAL TO HAVE TRANSCRIPTS SENT BY U.S. MAIL OR TRANSMITTED ELECTRONICALLY TO THOSE LISTED ABOVE. Allow 7 business days for processing.

____________________________________________________ Date of Request

Email Educational Verifications or Questions/Concerns to:
student_transcripts@hcpss.org

Mail Form and Cash or Money Order ($5.00 per transcript) to:
Student Transcripts Office
HCPSS Applications and Research Lab
10920 Clarksville Pike, Room C-7
Ellicott City, MD 21042