



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, due for each copy of the transcript.

NAME ON DIPLOMA _____

HIGH SCHOOL: _____ **Year:** _____

CURRENT ADDRESS: _____

EMAIL: _____ **PHONE #:** _____

NUMBER OF TRANSCRIPTS: _____

ALTERNATE ADDRESS TO MAIL TRANSCRIPT: _____

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

Signature

Date of Request

Scan and Email to:

student_transcripts@hcpss.org

Or

Mail to:

Susan Mohr, Transcripts
HCPSS Applications and Research Lab
10920 Clarksville Pike, Room C-7
Ellicott City, MD 21042