MT. HOOD COMMUNITY COLLEGE

Transcript Request

Mt. Hood Community College

PLEASE FILL THIS FORM IN COMPLETELY

Missing information may affect or delay your transcript request.

Fee: $5.00 per copy. Please allow 3-5 days to process this request.

MAIL TO:
MHCC/Transcripts
PO Box 1890
Gresham, OR 97030

NOTE: FAXED REQUESTS WILL NOT BE ACCEPTED.

YOUR INFORMATION (PRINT CLEARLY)

_____ _____
First Name **Middle Initial** **Last Name** **Student ID # or Social Security Number**

Other names known at MHCC_____ **Telephone #**_____

_____
Street Address

_____
City, State & Zip

Date of Birth_____

Special Instructions:

- ☐ Order now
- ☐ Hold for current term grades.
- ☐ Hold until degree is posted.

SEND OFFICIAL TRANSCRIPTS TO:

Number of Copies_____

_____
Name

_____
Address

_____
City, State & Zip

Number of Copies_____

_____
Name

_____
Address

_____
City, State & Zip

I authorize MHCC to release my transcripts to the address(s) indicated above.

_____ _____
Student Signature (REQUIRED) **Date**

FAXED REQUESTS WILL NOT BE ACCEPTED

NOTE: Payments made by check will result in a 5-business day delay. To avoid the delay please pay by credit/debit card.

Visa ☐ **MasterCard** ☐ **Discover** ☐ **AmericanExpress** ☐ **Money Order** ☐ *(included)* **Check** ☐ *(included)*

Credit/Debit Card Number and expiration date:

__ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ **Expiration Date** __ __ - __ __

$

Signature of Card Holder (REQUIRED)_____ **Amount Authorized**