



Transcript Request

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

Mt. Hood Community College

PLEASE FILL THIS FORM IN COMPLETELY

Mail to:
MHCC/Transcripts
PO Box 1890
Gresham, OR 97030

Missing information may affect or delay your transcript request.

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

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