



Hinds Community College

Office of Admissions and Records
P.O. Box 1100, Raymond, Mississippi 39154
Phone: 601.857.3212 | Fax: 601.857.3539 | Email: records@hindsc.edu

Transcript Request Form

*Please complete this form in its entirety. All lines MUST be completed or your request will be returned.
(PLEASE PRINT PLAINLY)*

Name: _____ Former or Maiden Name(s): _____

Birth Date: ___/___/_____ Student ID #: _____ **OR** Last 4 digits of Social Security Number: _____

Address: _____

Street Apt# City State Zip Code

Contact Number: _____ Please use the address above as my permanent mailing address for Hinds.

Send my transcript electronically to:

OR

Mail my transcript to:

Name (Recipient #1): _____

me using the address above.

How many? _____

E-mail Address (Recipient #1)

Mail my transcript to:

Name (Recipient #2): _____

Recipient Name: _____

E-mail Address (Recipient #2)

Address: _____

City State Zip Code

Notes:

- The processing time is 24 - 48 hours.
- We do not fax transcripts.
- If your transcript needs to be sent after grades are posted or after credentials are posted, you must submit an online transcript request at <https://www.hindsc.edu/admissions/transcripts>.

PLEASE READ CAREFULLY

- All financial obligations to the College and admission requirements must be cleared before transcripts can be issued.
- Transcripts sent to this office for our files CANNOT BE COPIED or RELEASED. You must contact the issuing institution for copies.
- Student records are confidential and transcripts are issued only by a written request that has been signed by the student.

I understand that, pursuant to rights contained in the Family Education Rights and Privacy Act of 1974, any information released to the above institution or individual will not be released to any other party without the written consent of the above-named student.

I have been given the opportunity to challenge the contents of my school records to ensure that the school records are not inaccurate, misleading or otherwise in violation of my privacy or other rights and have been provided an opportunity for the correction or deletion of any such inaccurate, misleading or otherwise inappropriate data contained therein.

Signature: _____ Date: _____

****Signature must be written and not typed****

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: **EEOC Compliance:** Sherry Bellmon, Vice President of Instruction/Career & Technical Education, Box 1003, Utica, MS 39175; Phone: 601-885-7002 or Email: EEOC@hindsc.edu. **Title IX:** DeAndre House, Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601-857-3353 or Email: TitleIX@hindsc.edu.