Hudson County Community College
Enrollment Services
70 Sip Avenue, Jersey City, NJ 07306
transcriptrequest@hccc.edu
Fax: (201) 604-5455

Archive Transcript Request Form

If you attended HCCC prior to 1990, your academic records, if available, are housed in our archives. Therefore, any additional information you can provide us, including grade reports, course names, dates of attendance, will expedite the processing of your request. Please be aware that your request may take 6-8 weeks to process.

INSTRUCTIONS:

- Fill out all the information requested below.
- There is a **$5.00 non-refundable fee per transcript**. Payment can be made through the Bursar's Office or if mailing/faxing your request, you must include a check/money order or the attached Credit Card Authorization.
- **If you have a tuition balance, your request will NOT be processed until your account is settled.**
- You will be asked to provide **government-issued** photo identification **FOR ALL REQUESTS**.

Current Name: (F)_____ (L):_____

Name while attending HCCC (if different from above): _____

Social Sec. #: _____ Date of Birth:_____

Dates of Attendance: From (mm/yy) _____ to (mm/yy) _____

Major:_____ Course Subjects Taken: _____

Year of Graduation:_____ Degree Received (if any):_____

Current Address: _____

City:_____ State:_____ Zip:_____

Cell/Phone #:_____ Email: _____

TRANSCRIPT DELIVERY METHOD (CHECK ONE):

☐ MAIL OFFICIAL TRANSCRIPT:
ATTENTION: _____

Street:_____ City/State:_____Zip:_____

☐ IN-PERSON PICKUP:
70 Sip Ave. Jersey City, NJ 07306 (1st floor). You will be contacted when transcripts are ready.

I hereby consent to have my transcript released based on the information provided above:

_____ _____
STUDENT'S SIGNATURE **DATE OF REQUEST**

----------***FOR OFFICE USE ONLY***----------

Date request received:_____ Form of Payment: _____

Date File was located:_____ Date Transcript was sent:_____

Notes:_____

_____

HCCC Staff Initials:_____