HOONAH CITY SCHOOL OFFICIAL TRANSCRIPT REQUEST FORM

Please allow 3-5 working days for transcript requests. Peak periods such as registration and grading may require a longer processing time. All transcripts are free of charge.

Name:		Student ID# or last 4# of SS#:			
DOB:	_ Phone:	Email:			
Mailing Address:		City	State	Zip	
Previous name(s) use	d while attending	HCSD			
Attendance time per	iod: (circle one)	Before 1992	After 1992	Both	
-				Student Signature	
Student Signature:			Date: _		
Transcript Action:	Pi	rocess transcript now			
	H	Hold processing for final posting of current semester grades			
	H	Hold processing until degree is awarded			
Number of transcrip	ots requested:				
Transcript Delivery	(Y	Student Pickup* (Date you would like to pick up): (You must show a picture ID in order to receive transcripts) Mail (to address listed below)			
	<i>N</i>	Mail to student at address listed above			
MAIL TRANSCRIPT	TO: Name/Instit	ution:			
Street (PO Box)		City	State	 Zip	
Pleas	e provide addition	al addresses on a sep	arate sheet of pa	per	
** MAIL this reques	t to:	HCS, Registrar's Office 366 Garteeni, Hwy Hoonah, AK 99829			