



REQUEST FOR UNOFFICIAL DOCUMENTS

I authorize the Registrar's Office to release to me an **UNOFFICIAL** copy of the following document(s) from my student academic file:

- Immunization Record**
- High School Transcript**
- Accuplacer / ACT / SAT Test Scores**
- College Transcript**
- Name of School:**

Other: _____

I will **PICK UP** my unofficial documents
OR

Please **email / mail** to:

PRINT Student Name: _____

_____ Date of Birth (MM/DD/YYYY)

Student ID Number: _____

Student Signature: By signing my name
above, I confirm I am the individual.

Today's Date (MM/DD/YYYY)

Please return this form to HCRegistrar@HelenaCollege.edu

1115 N. Roberts St., Helena, MT 59601 OR fax 406-447-6397

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