



**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](mailto:HCRegistrar@HelenaCollege.edu)

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

Updated 11-2024