



OFFICIAL TRANSCRIPT REQUEST

Office of the Registrar

1678 Asylum Avenue
West Hartford, Connecticut 06117
FAX (860) 231-8396

Transcripts are \$4.00 each (cash, check or money order only)

*Please allow **FIVE (5) business days** for processing*

Transcripts will be processed only if **all financial obligations** have been met
If student chooses pick-up option, transcripts will be held in office for **30 days** from the day of request. If the transcript has already been discarded after the 30 days, the student must fill out another request and pay the fee.

- 1. ___ Number of Transcripts ___ Continuing Education Credits Only
- 2. ___ Hold for Grades
- 3. ___ Hold for Degree

Student ID # _____ ***SSN:** _____

***Legal Name (s):** _____

***Date of Birth** _____ ***Daytime Telephone:** (____) _____ - _____

Current Mailing Address:

Dates of Attendance: _____

***Today's Date:** _____

***Signature:** _____

*** indicate required field**

Note: Please only use a maximum of four (4) rows for the address. Addresses must be clear, legible and complete. Transcript(s) will be sent to the address (es) exactly as it appears below. Use other side of form if necessary.

Registrar Office use only below this line

Amount paid:
Date Received:
Initials:

Date Processed:
Initials: