



Registrar's Office
1678 Asylum Avenue
West Hartford, CT 06117
Fax: 860-231-8396

UNOFFICIAL TRANSCRIPT REQUEST FORM

*******PLEASE NOTE: ANY UNOFFICIAL TRANSCRIPT REQUESTS FOR STUDENTS REQUESTING A TRANSCRIPT PRIOR TO THE YEAR 2000, CAN TAKE UP TO 5 BUSINESS DAYS FOR OFF-SITE RETRIEVAL.**

This request is for ONE unofficial transcript which includes your complete academic record without the College seal or official signature of the Registrar.

A form of picture identification is required in order to receive an unofficial transcript in person.

SJC ID # (if applicable): _____ SSN# _____

NAME: _____

Name when attended (if different from the name above): _____

Dates of Attendance _____ Contact # _____

Current Address:

Address to Send Transcript:

Signature: _____

Date: _____

OFFICE USE ONLY

DATE PROCESSED:

STAFF INITIALS: