



Transcript Request Form

Fill in a separate form for each addressee.

Official Transcripts Unofficial Transcripts

Student's Name and Address	Name (Last) (First) (M.I.) (Maiden and/or other)				No. of copies:
	Address (Number & Street)			Daytime Telephone #	Mail Transcripts: <input type="checkbox"/> In separate sealed envelopes <input type="checkbox"/> Hold for grades until end of current semester <input type="checkbox"/> Hold for degree posting
	(City)	(State)	(Zip)	Currently Enrolled? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Date of Birth	Month	Day	Year	Student ID or Social Security Number:	

Send Transcript To: <i>Print Clearly</i>	Dates of Attendance: <input type="checkbox"/> Undergraduate: <input type="checkbox"/> Graduate	
	<i>No transcript of a student's record will be furnished to any student or alumnus/a whose obligations to the university has not been satisfied.</i>	
	<i>I hereby authorize CCSU to release official copies of my academic record to the person or institution named at the left.</i>	
	Date	Student's Signature

Falsifying a student's signature is a violation of FERPA regulations.

Reason for transcript request:			
<input type="checkbox"/> Transferring to another college	<input type="checkbox"/> Applying to graduate school	<input type="checkbox"/> Planning to take a course at another college	<input type="checkbox"/> Employment
<input type="checkbox"/> Other (<i>please specify</i>):			

PLEASE NOTE: Please mail, fax or drop off this completed form to the Registrar's Office at the address below.

Deliver transcript request to: **Central Connecticut State University**
Office of the Registrar, Davidson Hall 116
1615 Stanley Street
New Britain, CT 06050-4010

Fax: 860-832-2250