

Date Processed:

Official Transcript Request Form

Type or print clearly and allow 7-10 days for processing. Current students should use myCTState for transcript requests.

Official transcripts will be sent to an institution, agency, or to the student as specified below. No one is permitted to request a transcript on behalf of a student except government and law enforcement agencies with either the student's signed release, court order, or subpoena.

Student Information:				
© Student ID Last Name		Phone Number First Name Middle Initial Email Address		
				Middle Initial
Prior Last Name (list all)				
Requesting the following tra	anscript:			
CT State Transcript		Legacy Campus Transcr	Legacy Campus Transcript from	
If not a current student, wh	at is your approxii	nate last date of attendance	?	
Reason for Requesting Tran	ıscript			
Employment	Military	Transfer to another colle	ege Oth	er (Personal)
Select from one of the option	ns below:			
Send Transcript Nov	v	Hold for current semester grades to be posted		
Hold until degree is	posted (anticipated	graduation date:)	
Print exact name, address, a <i>Please note: if you are reques be considered official.</i>				OPEN IT as it will no lon
Department, Office, or Person	1:			
Name of School, Company, o	or Organization:			
Street Address:				
City:		State:		Zip:
Email Address for Organizati	on or Third Party: _			
Certification:				
I affirm that I am the above-n transcript to the above-named			munity College	to release my official
Signature			Date	e
For Office Use Only:				
Date Received:				