



STATE OF CONNECTICUT
 Housatonic Community College
 Transcript Request Form
 Office of the Registrar's
 900 Lafayette Blvd.
 Bridgeport, CT 06604
 Fax (203) 332-5251

Registrar's Office Use Only

NO FEE REQUIRED

Transcript Entered By: _____

Transcript Entered On: _____

Number of Copies Being Requested: _____

Banner Number

Date of Birth

Social Security Number

Today's Date

@ _____ - ____ - ____ _____ - ____ - ____ _____ - ____ - ____

Current Name & Address (Please Print Legibly & Carefully)

Last	First	Middle	Previous Name
Street & Number	City	State	Zip Code

Send Transcript To (Please Print Legibly & Carefully) Some information may not fit on transcript

School, Company, or Individual	
Attn:	
Street Number & Name	
City, State, & Zip Code	

Transcript Will Be For

- Mail Pick Up
 After Final Grades

Please circle applicable semester below

Only if requesting to be mailed After Final Grades

- Fall Winter Spring
 Summer I Summer II Summer III

Fill out one request form for each address to which you are sending a transcript. Please provide the complete name & address of the institution as well as the specific person or office which is to receive your transcript. Please allow **10** working days for processing, as transcripts are processed on a first come, first served basis. **BEGINNING AND ENDING SEMESTERS MAY CAUSE ADDITIONAL DELAYS. ALL FINANCIAL OBLIGATIONS AND HOLDS MUST BE SATISFIED BEFORE ANY TRANSCRIPT WILL BE RELEASED.**

A letter releasing your transcripts to a friend or relative **must** accompany this form if they are picking up your transcript.

I authorize Housatonic Community College to release my records to the above mentioned.

 Student Signature