



TRANSCRIPT REQUEST FORM

Northwestern Connecticut Community College
Registrar's Office
Park Place East, Winsted, CT 06098
(860) 738-6314 – Phone (860) 738-6413 - Fax

Please print legibly and complete all information.

Please select type of transcript to be sent:

_____ Official Transcript _____ Unofficial Transcript

Transcripts are processed in the order in which they are received and are mailed within 7 – 10 days. They cannot be processed while you wait.

Student ID # (if known) _____ **OR** _____ **Social Security Number**
@ _____ - _____ - _____

Student's Name (first, middle, last)	
Name at time of attendance (if different than above)	
Address (Street, City, State, Zip Code)	
Daytime Phone # ()	Date of Birth
Last Year in Attendance	NCCC Graduate (circle one) YES NO

Please select one:

- _____ Send transcript **NOW**
_____ Send transcript at **END OF SEMESTER** once grades are posted
_____ Send transcript when **DEGREE/CERTIFICATE** is awarded

Please print EXACT name, office and mailing address to which the transcript is to be sent:
(Official transcripts cannot be faxed or emailed).

Department, office or person
School name, company or organization
Street Address
City, State, Zip Code

*If you are requesting an official transcript to be mailed directly to you,
DO NOT OPEN IT as it will no longer be considered official.*

_____ Date _____
Student Signature

There is no fee for transcripts.