



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 NO YES |

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 (*Actual signature required*)

There is no fee for transcripts.