

Three Rivers Community College
Attn: Transcripts
Registrar's Office – Room A115
574 New London Turnpike
Norwich, CT 06360

Telephone: (860)892-5756
Fax: (860)886-6670

Transcript Request Form

There is no fee to process a transcript request

@ _____ or _____ - _____ - _____ / _____ / _____
Student ID# Social Security# Date of Birth

Student's Name

Previous Name

Current Address

Dates of Attendance

City State Zip

Graduated: Yes or No _____
(circle one) If yes, year

(____ __ __) _____ - _____
Telephone #

Send to: (print receiver's name or self, if you would like the transcript(s) sent to you. Official transcripts must be in a sealed envelope and are not to be opened by student).

Name

Official _____ or Unofficial _____

Address

Number of Copies _____

Address

Send Now _____

City State Zip

Send after grades are posted _____

Student's Signature

Date

With my signature, I authorize Three Rivers CC to release copies of my academic record to the person or institution indicated above with the understanding that the named recipient will not release the record to a third party without my written consent.

Allow approximately 2 to 5 working days for processing. Beginning and ending of semester may cause delay.

Note: transcripts are not faxed.

08/09/11