

**TRANSCRIPT REQUEST
FORM**

**THREE RIVERS COMMUNITY COLLEGE
STATE OF CONNECTICUT**

Registrar's Office - Transcripts
Three Rivers Community College
574 New London Turnpike
Norwich, CT 06360

Student Name (Last, First, Middle) (Please Print)		Date of Birth	Student ID No.	Telephone Number
Previous Name	Social Security No.	Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Semester Attended
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Signature			

Student's Name (First, Middle, Last) And Address

No. of copies to be sent to address below:

SEND TRANSCRIPT TO:
(Print name, address, and office)

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

OFFICIAL TRANSCRIPTS ARE SENT DIRECTLY TO THE PARTIES INDICATED ON THE FORM. If requesting official transcripts in sealed envelopes to be sent to yourself, please be sure to keep them sealed. Opened transcripts are NOT official.

FILL IN SEPARATE FORM FOR EACH ADDRESSEE. ALLOW APPROXIMATELY 3 to 5 WORKING DAYS FOR PROCESSING. Beginning and ending of semesters may cause additional delay.

Check below type of transcript requested:

- Official Transcript
- Unofficial Transcript (Limit 1)

DATE OF REQUEST: _____

SEND: NOW END OF SEMESTER (after grades are posted)

OFFICE USE ONLY	PROCESSED BY	DATE SENT
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