



# Transcript Request Form

There is no fee to process a transcript request

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

Phone: (860)215-9064  
Fax: (860)215-9919  
email: registrar@threerivers.edu

@ \_\_\_\_\_ or \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Student ID# Last 4 of Social Security# Date of Birth

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Previous Name

\_\_\_\_\_  
**Current Address**

Dates of Attendance:  
 Currently attending  
 Previously attended \_\_\_\_\_  
(approximate date(s) if actual unknown)

\_\_\_\_\_  
City State Zip

Graduated: No  Yes  Year \_\_\_\_\_  
(approximate year if actual unknown)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone#

**Send to:** (print receiver's name and address below or self on the name line if you are the receiver)

- Self – Official transcripts must remain in a sealed envelope and are not to be opened by student.**
- Person or Institution – indicated below**

\_\_\_\_\_  
Name

Official - Number of Copies \_\_\_\_\_

\_\_\_\_\_  
Address

Unofficial - Number of Copies \_\_\_\_\_  
(available online for current students)

\_\_\_\_\_  
Address

Send Now

\_\_\_\_\_  
City State Zip

Send after grades are posted

*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.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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

**Note: transcripts are not faxed**