

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



Phone: (860)215-9303
Fax: (860) 215-9919
email: registrar@threeivers.edu

Transcript Request Form

There is no fee to process a transcript request

@ _____ 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

Send after grades are posted

City State Zip

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

08/04/16vw