



HOUSATONIC COMMUNITY COLLEGE

STATE OF CONNECTICUT
Housatonic Community College
Transcript Request Form
Office of the Registrar's
900 Lafayette Blvd.
Bridgeport, CT 06604
Fax (203) 332-5251

Registrar's Office Use Only

NO FEE REQUIRED

Transcript Entered By: _____

Transcript Entered On: _____

Number of Copies Being Requested: _____

Banner Number

Date of Birth

Social Security Number

Today's Date

@ _____ - _____ - _____

Current Name & Address (Please Print Legibly & Carefully)

Last	First	Middle	Previous Name
Street & Number	City	State	Zip Code

Send Transcript To (Please Print Legibly & Carefully) Some information may not fit on transcript

School, Company, or Individual	
Attn:	
Street Number & Name	
City, State, & Zip Code	

Transcript Will Be For

Mail After Final Grades

Please circle applicable semester below

Only if requesting to be mailed After Final Grades

Fall Winter Spring
Summer I Summer II Summer III

Official transcripts are no longer available for pick up. You may request an electronic transcript for expedited service by going on the school's website at www.Housatonic.edu

Fill out one request form for each address to which you are sending a transcript. Please provide the complete name & address of the institution as well as the specific person or office which is to receive your transcript. Please allow **10** working days for processing, as transcripts are processed on a first come, first served basis. BEGINNING AND ENDING SEMESTERS MAY CAUSE ADDITIONAL DELAYS. ALL FINANCIAL OBLIGATIONS AND HOLDS MUST BE SATISFIED BEFORE ANY TRANSCRIPT WILL BE RELEASED.

A letter releasing your transcripts to a friend or relative **must** accompany this form if they are picking up your transcript.

I authorize Housatonic Community College to release my records to the above mentioned.

Student Signature