



**HOUSATONIC**  
**COMMUNITY COLLEGE**  
 STATE OF CONNECTICUT  
 Housatonic Community College  
 Transcript Request Form  
 Office of the Registrar  
 900 Lafayette Blvd.  
 Bridgeport, CT 06604

**Please do NOT fax or mail request form**

Email: Ho-Regstudentservice@hcc.commmnet.edu

Registrar's Office Use Only

Transcript Entered By: \_\_\_\_\_

Transcript Entered On: \_\_\_\_\_

**Banner Number**                      **Date of Birth**                      **Last 4 Digits of Social Security Number**                      **Today's Date**  
 @ \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_                      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Current Name & Address** (Please Print Legibly & Carefully)

Last, First, Middle, Previous Name:
Street & Number, City, State, Zip Code:
Contact Phone Number:
Contact Email Address:

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

<b>School, Company, or Individual</b>	
<b>Attn:</b>	
<b>Street Number &amp; Name</b>	
<b>City, State, &amp; Zip Code</b>	

**Transcript Will Be For**

Mail      **OR**       Electronic  
 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

**Electronic Transcript To** (Please Print/Type Carefully & Legibly)

<b>E-Mail Address</b>	
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**Official transcripts are no longer available for pick up. You may request an electronic transcript for expedited service.**

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 up to 6 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.

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

\_\_\_\_\_  
 Student Signature