



**HOUSATONIC
COMMUNITY COLLEGE**

STATE OF CONNECTICUT

Housatonic Community College

Transcript Request Form

Office of the Registrar's

900 Lafayette Blvd.

Bridgeport, CT 06604

Please do NOT fax or mail request form

Email: Ho-Regstudentservice@hcc.commnet.edu

Registrar's Office Use Only

Transcript Entered By: _____

Transcript Entered On: _____

Banner Number

Date of Birth

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/Type Carefully & Legibly) Some information may not fit on transcript

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

Transcript Will Be For

Mail **OR** E-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

E-Mail Transcript To (Please Print/Type Carefully & Legibly) Some information may not fit on transcript

E-Mail Address	
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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