TRANSCRIPT REQUEST FORM

Processing Information:
Most requests are processed within 5 business days.

For questions about transcript requests, please e-mail CA-Registrar@capitalcc.edu or call (860) 906-5311. Transcripts will not be issued if a student has outstanding financial obligations to the college. Transcripts are not faxed or e-mailed. There is no fee for transcripts.

Complete and return this form to:
Capital Community College - Registrar’s Office
950 Main Street
Hartford, CT 06103
Or Fax to: (860) 906-5119

Student Name:__________________________________________________________
(Last) (First) (Maiden)

Student ID#: ________________ OR SS #:____________________________ Date of Birth: ____________

Student Address: ____________________________________________________________
(Street) (City) (State) (Zip)

Student Telephone:_____________________

Print EXACT name, office, and mailing address to which transcript is to be sent:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Handling Instructions:
Quantity: ____, Limit 3
Write “PICK-UP” if you plan to pick up your transcript(s) at the Registrar’s Office.

Authorization:
I authorize Capital Community College to release my transcript to the recipient named above.

Student Signature:__________________________________________________________ Date:____________

Print EXACT name, office, and mailing address to which transcript is to be sent:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

08/2018  For Office Use Only  Date Sent:  By: