

# 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](mailto: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: \_\_\_\_\_

08/2018

**For Office Use Only**

**Date Sent:**

**By:**