



Office of the Registrar
 181 White Street, Old Main 102
 Danbury, CT 06810
 Phone: (203) 837-9200
 Fax: (203) 837-9049
 www.wcsu.edu/registrar

Transcript Request Form

Transcript type: Official Transcript Unofficial Transcript
 (Please print clearly)

Student's name _____ **Birth Date** _____
Last First MI

Maiden Name (or name while attending) _____ **Phone** _____

Student ID _____ **Last Year Attended (if known)** _____

Street Address _____

City, State, Zip _____

Processing Information:

For information about express mailing, contact requestregistrar@wcsu.edu

- I am NOT a current student. Process the request immediately.
- I am a current student. Process the request:
 - Immediately (before semester grades or degree info posted) **OR** After degree is posted **OR**
 - After current grades are posted for: Intercession Spring Summer Fall

Number of copies requested: _____

- Issue Upon Request** (Photo ID required) **OR**
- Mail Transcript(s)** to me at the above address **OR**
- Mail Transcript(s) to:** (Print Name and Full Address of Person/Institution)

Transcript Information

OFFICIAL TRANSCRIPTS affixed with the university seal are sent directly to a third party. Students may receive an official copy stamped "ISSUED TO STUDENT." *NOTE:* A transcript will not be issued if you have a Cashier's Hold.

I hereby authorize WESTERN CONNECTICUT STATE UNIVERSITY to release official copies of my academic record to the person/institution named above, with the understanding that the named recipient will not release the record to a third party without my consent.

Student's signature _____ **Date** _____

Falsifying a student's signature is a violation of FERPA regulations and is against the law.