

## Transcript Request Form - University of Connecticut

Office of the Registrar, Unit 4077T, Storrs, CT 06269-4077T

Forms are to be submitted by fax to 860-486-0062 or by mail to the address above.

Please print all information clearly and completely.

(Please note: your transcript cannot be released if there is a hold against your account.)

Student's Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID# (if known): \_\_\_\_\_

If you have ever attended the University of Connecticut under other names, please indicate them here:

\_\_\_\_\_

Student's current home address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate a phone number (with area code) or an e-mail address at which you may be reached.

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates of attendance at UCONN:

First semester attended: \_\_\_\_\_ Last semester attended: \_\_\_\_\_

**Name and Address of a Single Recipient:**                      **Number of Copies to be sent:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Any additional recipients should be listed on page 2 of this form)

**Please check this box if you are faxing more than one page. Number of pages:** \_\_\_\_\_

I hereby authorize the University of Connecticut to release my transcripts to the recipients named on this form.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Student's Name (Last, First, MI): \_\_\_\_\_

Student ID # (if known): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**Please Send Official Transcripts of my Academic Record to the following recipients**  
**Please print all information clearly and completely.**

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**Recipient #2**

Number of transcripts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Recipient #3**

Number of transcripts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Recipient #4**

Number of transcripts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Recipient #5**

Number of transcripts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**To indicate additional recipients, use additional forms. On the front of these additional forms be sure to fill in your name, student ID, and date/signature.**