



STATE OF CONNECTICUT
Office of Higher Education

Request For Student Transcript & Records

Name of School: _____

Address of School: _____

Name of Student: _____

Name of Student at Time of Attendance: _____

Date of Birth: _____ Social Security #: _____

Other Identifying Number Issued by School (if applicable): _____

Program Name: _____

Dates of Attendance: _____

Graduated: Yes No Date of Graduation: _____

Additional information you would like to provide:

Home Phone: _____ Work/Other Phone: _____

Your Address: _____

Email: _____

Address to Send Document(s), if Different than Home Address, and to Whose Attention,
if applicable: _____

Signature of Student: _____ Date: _____

FOR OHE USE ONLY (1-2013 Rev)

Date Response Mailed _____ Initials _____