

WESTERN CONNECTICUT STATE UNIVERSITY

Office of the Registrar

181 White Street

Danbury, CT 06810

Fax (203) 837-9049

Phone (203) 837-9200

TRANSCRIPT REQUEST

Official Transcripts

Unofficial Transcripts

Student Data	STUDENT NAME (Last, First, Middle Initial)	MAIDEN NAME - or name while attending	BIRTH DATE	PHONE NUMBER
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Student ID or Social Security Number

Mail Transcript:

3. After current semester grades for:

1. Immediately fall

2. After degree is posted spring

summer _____

Currently Enrolled at WCSU <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Semester or Year Attended			
WCSU Degree (if awarded)	Part Time	Full Time	Summer Only	Undergrad	Grad Student

YOUR NAME AND ADDRESS: Please print clearly

PRINT CLEARLY FOR DIRECT MAILING IN WINDOW ENVELOPES

SEND TO: (Name and address, if to yourself, write SELF

of copies to be sent to this address

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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."	
I hereby authorize WESTERN CONNECTICUT STATE UNIVERSITY to release official copies of my academic record to the person or institution named at the left, with the understanding that the named recipient will not release the record to a third party without my written consent.	
Date	Signature (Student)
Date Transcript Sent	

Falsifying a student's signature is a violation of FERPA regulations.