



**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:  Intersession  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.