EASTCONN
Where Learning Comes to Life

EASTCONN Adult and Continuing Education

REQUEST FOR OFFICIAL TRANSCRIPT

PLEASE PRINT

Name: _____
First Middle Last

Name at the time you were enrolled with EASTCONN (if different from above):

_____
First Middle Last

Date of attendance: _____ (If not certain, give an approximate year.)

Site of attendance: _____

Date of Birth: _____

Current Address: _____
Street Apartment or Unit Number

_____
Town State Zip Code

Phone Number: _____

MAIL OR FAX TRANSCRIPT TO:

Address: _____
Name of Institution

_____
Street Suite Number

_____
Town State Zip Code

Fax Number: _____

I give EASTCONN Adult and Continuing Education permission to release my transcript to the above institution.

Signature: _____ **Date:** _____

Please note: Transcripts will be mailed/faxed approximately one week after receipt of written request.