



UNOFFICIAL TRANSCRIPT REQUEST

TRINITY COLLEGE

OFFICE OF THE REGISTRAR

CHECK ONE: UNDERGRADUATE GRADUATE SPECIAL

PRINT NAME: _____

SS# / Student ID: _____ CLASS YEAR: _____

SIGNATURE: _____ DATE: _____

TRANSCRIPT WILL NOT BE RELEASED WITHOUT YOUR SIGNATURE

UNOFFICIAL TRANSCRIPT TO BE SENT TO:

- Self Faculty Member/Administrator Other

Please enter name of recipient and address (may be campus box) below.

NAME: _____

ADDRESS: _____

NOTE: Please allow ten business days processing time.