

Trinity College—Transcript Request Form

Office of the Registrar
 300 Summit Street
 Hartford, CT 06106

Phone: (860) 297-2118 Fax: (860) 297-5179 E-mail: registrar.office@trincoll.edu



- ALL FINANCIAL OBLIGATIONS TO TRINITY MUST BE MET BEFORE A TRANSCRIPT CAN BE RELEASED
- REQUESTS MUST BE MADE IN WRITING, IN ACCORDANCE WITH FEDERAL LAW; ALLOW TEN WORKING DAYS FOR PROCESSING
- PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY

Name:		Class Year:	
Name during attendance, if different from above:			
Student ID#:		Campus box:	
Home address:			
Contact information			
Phone:		E-mail:	

Your signature: _____ **Date:** _____

Transcript type:

- () Unofficial transcript
 () Official transcript

Please send transcript:

- () ASAP () Hold for semester grades
 () Hold for degree posting

Academic record:

- () Undergraduate () Graduate () Non-matriculated student

Transcript Processing Instructions:

() I will pick up transcripts on: _____ / AM - PM # of copies _____

Mail my transcripts to: *please list a complete address where your transcripts are to be mailed- the Registrar's Office is not responsible for incorrect or incomplete addresses which may result in your transcript being lost or undeliverable.* # of copies _____

Additional addresses may be listed on the back of this form.

For office use: date processed: _____ Initials _____