

**University of Connecticut - Office of the Registrar  
Official Transcript Requests, Unit 4077T, Storrs, CT 06269-4077**

**Forms are to be submitted by fax to 860-486-0062, sent by scanned email  
attachment to registrar@uconn.edu or mailed to the above address.  
Please print all information clearly and completely.**

Student's Name (Last, First, MI) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID # or last four digits of SSN \_\_\_\_\_

If you have ever attended the University of Connecticut under other names, please indicate them here:

\_\_\_\_\_

**Student's permanent home address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate a phone number (with area code) or an e-mail address at which you may be reached should it be necessary for us to call you about this request. Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Dates of attendance at the University of Connecticut**

First semester attended \_\_\_\_\_ Last semester attended \_\_\_\_\_

**List names and addresses of recipients on second page of form.** (Please note you must provide a **complete** mailing address.)

Your transcript cannot be released if there is a **hold** against your account placed by **the Bursars Office, Financial Aid Office, or Student Affairs.**

I hereby authorize the University of Connecticut to release my official transcripts to the recipients named on this form.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

Student's Name (Last, First, MI) \_\_\_\_\_

Student ID # or last four digits of SSN \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

**Please Send Official Transcripts of my Academic Record to the following recipients  
Please print all information clearly and completely.**

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**Recipient #1**

Number of transcripts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Recipient #2**

Number of transcripts \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Recipient #3**

Number of transcripts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Recipient #4**

Number of transcripts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**To indicate additional recipients, use additional forms. On the front of these additional forms be sure to fill in your name, student ID, and date/signature.**