



Reverse Transfer Program

Transcript Request Form

Fill in a separate form for each addressee.

Official Transcripts Unofficial Transcripts

Student's Name and Address	Name (Last) (First) (M.I.) (Maiden and/or other)				No. of copies: 1
	Address (Number & Street)			Daytime Telephone #	Mail Transcripts: <input type="checkbox"/> In separate sealed envelopes <input type="checkbox"/> Hold for grades until end of current semester <input type="checkbox"/> Hold for degree posting
	(City)	(State)	(Zip)	Currently Enrolled? (___) Yes (___) No	
Date of Birth	Month	Day	Year	Student ID or Social Security Number:	

Enter Community College Name & Mailing Address:	ATTN: Registrar's Office – Reverse Transfer Coordinator		Dates of Attendance: (___) Undergraduate: (___) Graduate		
				<i>No transcript of a student's record will be furnished to any student or alumnus/a whose obligations to the university has not been satisfied.</i>	
				<i>I hereby authorize CCSU to release official copies of my academic record to the person or institution named at the left.</i>	
			Date	Student's Signature	

Falsifying a student's signature is a violation of FERPA regulations.

Reason for transcript request:			
<input type="checkbox"/> Transferring to another college	<input type="checkbox"/> Applying to graduate school	<input type="checkbox"/> Planning to take a course at another college	<input type="checkbox"/> Employment
<input checked="" type="checkbox"/> Other (please specify): Reverse Transfer Application			

PLEASE NOTE: Please mail, fax or drop off this completed form to the Registrar's Office at the address below.

Deliver transcript request to: **Central Connecticut State University
Office of the Registrar, Davidson Hall 116
1615 Stanley Street
New Britain, CT 06050-4010**

Fax: 860-832-2250