



NORWALK COMMUNITY COLLEGE
Office of the Registrar

TRANSCRIPT REQUEST

If you are a current student, please use MyCommNet instead of this form to request a transcript electronically.

PLEASE PRINT CLEARLY

Your Last Name First M.I. Former Last Name

Number of Transcripts Requested: _____

Street Address City State Zip Code

HOLD FOR FINAL GRADES YES NO

HOLD FOR GRADUATION YES NO

Do you need this transcript for State Certification? YES NO

I attended NCC before 1992 I attended both NCC and NSTC

@

Student ID # Social Security # Date of Birth

MAIL OR BRING YOUR TRANSCRIPT REQUEST TO:

Norwalk Community College
Records Office - Room E102
188 Richards Avenue
Norwalk, Connecticut 06854-1655

Daytime Phone # _____

OR FAX YOUR TRANSCRIPT REQUEST TO:

(203) 857-7012

IMPORTANT INFORMATION:

1. Hand-written requests are mailed within fourteen business days.
2. **Current students: Use MyCommNet for your transcript requests.**
3. Official transcripts will be sent to an institution, agency, or the student.
4. No one else is permitted to request a transcript on behalf of the student except government and law enforcement agencies with either a student's signed release, a court order, or a subpoena.
5. All financial obligations and record restrictions must be reconciled before transcripts will be released.

FORWARD TRANSCRIPT TO:

NAME OF COLLEGE OR AGENCY _____

Attention: _____

STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

I HEREBY AUTHORIZE NORWALK COMMUNITY COLLEGE TO RELEASE MY OFFICIAL TRANSCRIPT TO THE ABOVE INSTITUTION / INDIVIDUAL.

STUDENT'S SIGNATURE _____

DATE _____