



OFFICE USE ONLY
Date Rec'd: _____ Date Sent: _____

TRANSCRIPT Request Form

Thank you for requesting a transcript. In order for us to process your request, please fill out this form completely and return it to the campus you attended. Please note that from the date the request is received, it may take up to 2 weeks to process. **Please check the appropriate status:**

Current Student

Graduate

Former Student

1. CURRENT STUDENT

Submit to:
Student Services

2. *GRADUATE

Submit to:
Student Services

3. FORMER STUDENT- but did not graduate

Submit to:
Student Services

REQUESTING (please check):

- Official Copy of Transcript-** sealed and signed by the CCMT Registrar and **ONLY** released to Third Parties.
- Unofficial Copy of Transcript-** not sealed or signed by the CCMT Registrar and **CAN** be released to Graduates, Students or Former Students.

Name: _____

Former Name: _____

Graduation Date (month/year): _____ / _____

Home Address: _____

Phone: (_____) _____ - _____

Please list the name and address of the institution to which you would like the transcript submitted.

Institution: _____

Address: _____

Note: Official Transcripts are only released to third parties.

(signature)

(date)

CCMT
25 Sylvan Road South
Westport, CT 06880
(203)221-7325
Fax: (203) 221-0144

CCMT
75 Kitts Lane
Newington, CT 06111
(860)667-1886
Fax: (860)667-0524

CCMT
1154 Poquonnock Road
Groton, CT 06340
(860)446-2299
Fax: (860) 446-9410