University ID #: __________________________ Date: __________________________
Last 4 digits of SSN: __________________________ Local Phone: __________________________
(Please print)
Name: __________________________________________ Date of Birth: __________________________

Your Signature: __________________________ E-mail: __________________________
Name during attendance, if different from above: __________________________________________
Street: __________________________ City/State/Zip: __________________________

Did you attend the University prior to Summer 1984?  Y  N  Since Summer 1984?  Y  N

Note: If you have a Bursar Hold (cashier restriction and/or outstanding loan exit paperwork), we will be unable to process this request without a release from the Bursar's office.

TRANSCRIPT PROCESSING INSTRUCTIONS

Check one of the following: Undergraduate level ___ Graduate Level ___ Both levels ___

List classes for which I am currently registered:  Y ___ N ___

IF YOU CHECK THE FOLLOWING, YOUR TRANSCRIPT(S) WILL NOT BE SENT UNTIL AFTER THE RESPECTIVE DATES.

Before mailing my transcript(s),
___ post my degree. My upcoming graduation date is __________________________
___ post grades for the following (current) term:
   Fall ___  Winterterm ___  Spring ___  Summer I ___  Summer II ___

TRANSCRIPT DELIVERY INSTRUCTIONS

I WILL PICK UP TRANSCRIPTS:
I will pick up (how many?) Official ___ Unofficial ___ on Day/Date __________________________

Note: You will NOT be notified when your transcripts are ready for pickup.

AND/OR

MAIL MY TRANSCRIPTS:
ON THE BACK OF THIS FORM, PLEASE LIST THE NAMES AND COMPLETE ADDRESSES WHERE YOUR TRANSCRIPTS ARE TO BE MAILED.

TRANSCRIPT COSTS and DELIVERY TIME

Fees: Rush request - (mailed within 3 business days) - $10.00 per transcript
Faxes accepted with credit card information for rush requests only (fax: 860-768-4593)
Regular request (mailed within 10 business days) - $4.00 for a single copy
If multiple copies are ordered, the 1st copy is $4.00, additional copies are $1.00 each.

MAIL REQUESTS TO: University of Hartford
   Attn: Transcript Dept.
   200 Bloomfield Avenue
   West Hartford, CT 06117
(Transcripts: 860-768-4563 or 860-768-5588)

Office Use Only:
Date sent: __________________________
Initials: __________________________
# sent: __________________________

Rev. 4/8/08
1. Please list the number and type of copies requested:    ___ Official    ___ Unofficial    ___ Advisor
MAIL TO:

2. Please list the number and type of copies requested:    ___ Official    ___ Unofficial    ___ Advisor
MAIL TO:

3. Please list the number and type of copies requested:    ___ Official    ___ Unofficial    ___ Advisor
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