



750 Chase Parkway • Waterbury, CT 06708
www.nvcc.commnet.edu

TRANSCRIPT REQUEST FORM

Instructions: Official transcripts are provided directly from the College as requested by the student. Forward this completed form to the Records Office, K516, at the address above or fax to 203-575-8085. If you have been a student at NVCC within the past two years transcript requests can now be made on-line via www.my.commnet.edu **There is no charge for transcripts.**

Student ID # @ _____ or Social Security No. ____/____/____

Student Name _____
(Last) (First) (Maiden)

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Date of Birth ____/____/____

CITIZENSHIP

Are you a United States citizen? __Yes __No If not, are you a Permanent Resident (*green card holder*) __Yes __No

ETHNICITY and Race

Please provide the following ethnic and race data. This information is requested on a VOLUNTARY basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect admission to or registration in the College.

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Choose not to respond (None)

If you checked Non-Hispanic/Non-Latino above, what is your race?

Please check all that apply:

- White (10) Black or African American (20) Asian (45) American Indian or Alaskan Native (50)
- Native Hawaiian or Other Pacific Islander (80) Other (90) Choose not to respond (60)

College Attended: ____ NVCC ____ MCC ____ WSTC Dates: _____

Indicate handling instructions:

- ___ Send transcript now (list recipients on reverse side) ___ Send *unofficial* copy to student
(use address above)
- ___ Hold for current semester grades
- ___ Hold until degree is posted (Grad Date: _____) ___ Send *official* copy to student

Note: Such transcripts are stamped "Issued to Student in a Sealed Envelope" and the envelope bears a similar stamp. Students should be aware that some recipients will not accept transcripts that have not been sent directly to them.

I hereby authorize Naugatuck Valley Community College to release my official transcripts to the recipients named on the reverse side of this form.

Date: ____/____/____ Signature: _____

LIST RECIPIENTS ON REVERSE SIDE

FOR OFFICE USE ONLY

Date Received _____

Date Mailed _____

PLEASE SEND OFFICIAL TRANSCRIPTS TO THE FOLLOWING RECIPIENTS
(PRINT ALL INFORMATION CLEARLY AND COMPLETELY)

Recipient # 1 Institution _____

Address _____

Recipient # 2 Institution _____

Address _____

Recipient # 3 Institution _____

Address _____

Recipient # 4 Institution _____

Address _____
