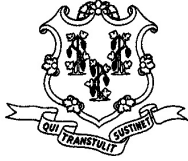


TUNXIS COMMUNITY COLLEGE OFFICIAL TRANSCRIPT REQUEST (NON-CREDIT)



Continuing Education & Workforce Development
271 Scott Swamp Rd • Farmington, CT 06032
 Fax Number: 860-606-9732



Student ID # @

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Directions: Please print legibly. Complete all information. Be specific as possible regarding where you want the transcript to be sent. Include the name of the individual or office if possible. Allow a minimum of 48 hours for processing.

Student's Name (first, middle, last)	
Name at time of attendance (if different from above)	
Address (number and street)	
City, State, Zip Code	Phone

Social Security #

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 Required if ID # not provided above

Check the appropriate box below:

Send transcript at **END OF PROGRAM** Send transcript **NOW**

Student Signature: _____ Date: _____

Official transcripts will be sent to designated school, company or organization only.
 Official Transcripts sent to the student will be stamped "Issued to Student" and placed in a sealed envelope. **Official Transcripts are VOID if opened by student.**

Name of School, Company or Organization
Department, Office or Name of Person
Address (number and street)
City, State, Zip Code