# Non-Credit Transcript Request Form

*(Return to the Registrar’s Office at the Storrs campus)*

 *(Please note: your transcript cannot be released if there is a hold on your account.)*

Student’s Current Name:

 *Last First M*

If you have attended the University of Connecticut under another name(s), please indicate below:

Date of Birth (required):

Student ID *(if known)*: [ ] [ ] [ ] [ ] [ ] [ ] [ ]  and/or NetID *(if known)*: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Phone: Email:

Program Participated in: [ ] UCAELI [ ]  Paralegal [ ] Healthcare IT

Dates of Attendance: First semester attended: Last semester attended:

[ ]  **I would like to request a paper transcript be sent to the following recipient(s):**

**Name and Address of Recipient: Number of Copies to this Recipient:**

[ ]  **I would like to request an electronic transcript be sent via pdf to:**

**Attention (name of recipient):**

**Recipient’s email address or fax:**

I authorize the University of Connecticut to release my transcripts to the recipient named on this form.

Signature: Date:

 *(Handwritten signature required, we cannot accept a digital or typed signature)*