



University of Bridgeport  
Office of the Registrar  
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## Bridgeport Hospital School of Nursing Transcript Request

Bridgeport Hospital School of Nursing (BHSN) integrated their academic programs into the University of Bridgeport in 2014. The academic records for previous attendance at BHSN are held at the University of Bridgeport and can be requested using this Transcript Request. Please complete the information below and submit the Request to UB's Registrar's office, by fax or email.

Student Name: \_\_\_\_\_

Maiden/Former Name (s): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Did you graduate? Yes ( ) No ( )

What program(s) did you attend? \_\_\_\_\_

Number of copies: \_\_\_\_\_ *Cost is \$5 per transcript. Request forms must be submitted with payment.*

### Transcript(s) to be sent to:

Recipient 1: \_\_\_\_\_ Recipient 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please provide your credit card information: Type: M/C Visa Amex Discover*

*No: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSC: \_\_\_\_\_ (on back of card)*