

**OFFICE OF THE REGISTRAR**

Wahlstrom Library, Garden Level  
126 Park Avenue • Bridgeport, CT 06604  
Tel: 203.576.4634 • E-mail: registrar@bridgeport.edu

# 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 from 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, either by fax or email.

Student Name: Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

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

Home Address (Street, City, State, Zip) \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Did you graduate?  Yes  No

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

Have you ever attended the University of Bridgeport?  Yes  No Dates of Attendance: \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE YOUR CREDIT CARD INFORMATION:**

Credit Card Type:  Master Card  Visa  Amex  Discover

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

Student's Signature \_\_\_\_\_

SIGNATURE

DATE

**SUBMIT COMPLETED FORM TO REGISTRAR'S OFFICE FOR PROCESSING**