



University of Bridgeport  
Office of the Registrar  
126 Park Avenue  
Bridgeport, CT 06604  
Phone: 203.576.4568  
Fax: 203.576.4949

## University of Bridgeport Transcript Request

Date: \_\_\_\_\_ Student Number: \_\_\_\_\_

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

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

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

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

### **Contact Information:**

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

Are you currently enrolled? Yes ( ) No ( )

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

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

When do you wish the transcript to be sent?

Immediately ( ) End of term ( ) After Degree Certification ( )

Transcript(s) to be sent to:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of copies: \_\_\_\_\_

*Cost is \$5 per official transcript. Request forms must be submitted with payment.*

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

*For students who have indicated "pick up" in the recipient area, we will contact you when your transcript is ready. All financial obligations must be met prior to the issuance of official transcripts.*

If paying by credit card: Circle Card Type: Mastercard Visa Amex Discover

CC#: \_\_\_\_\_ Exp: \_\_\_\_\_ CSC: \_\_\_\_\_