



University of Connecticut School of Law
Office of the Registrar
 55 Elizabeth Street
 Hartford, Connecticut 06105
 860/570-5136
 860/570-5135 (fax)

Transcript Request

In accordance with the Family Educational Rights and Privacy Act of 1974, the student's signature is required for release of transcripts outside of the University community. A signature in electronic form may be substituted only in a limited circumstance. The University of Connecticut School of Law will permit the use of the netid credentials to identify and authenticate the individual requesting disclosure of education records.

Transcripts contain only School of Law related coursework. Students who attend(ed) the University of Connecticut in another department must request official transcripts of that work through the Office of Registrar at the Storrs campus.

Please note: Requests for Official transcripts are honored only if transcripts are being submitted to: (1) Bar Examining Committees, (2) Other Institutions of Higher Education, (3) Government Agencies, (4) Clerkship Positions or (5) Employers, upon offers of employment. In all other cases, students must submit documentation which indicates the need for Official copies.

PLEASE PRINT:

Current Last Name First Middle

Social Security Number (Optional); Last 4 digits Requested

Name while in Attendance (if different)

PeopleSoft Student Administration ID Number (7 digits), if known

Address

Dates of Attendance

City State Zip Code

Student Signature – REQUIRED

Daytime Telephone: () _____ - _____

Students using an electronic signature must do so via the online request form on the law school website.

WHEN TO PROCESS:

- _____ Process Now
- _____ Do Not Process Until all Semester Grades Posted
- _____ Do Not Process Until Rank/Quintiles Posted

TRANSCRIPT TYPE:

- _____ Official - See note above and please state why official transcript is needed: _____
- _____ Unofficial - Hard Copy
- _____ Unofficial – PDF/Electronic
- _____ Degree Audit

TRANSCRIPT RECIPIENT:

_____ Self _____ Name and Address/or Email of Recipient Below

- _____ Mail/Email
 - _____ Pick Up
 - _____ Number of Copies
- _____
- _____

For Office Use Only:

Processor's Initials Date Received Date Processed Service Hold Restriction Date