

TRANSCRIPT REQUEST

Prospective Student: *Mail this completed form directly to the institution from which you are requesting your transcript. Please check with your institution for transcript fees before making your request.*

TYPE OF TRANSCRIPT

_____ High School	Graduation Year: _____
_____ GED Equivalency	Completion Year: _____
_____ College/University	Graduation Year: _____

Please send my official Transcript directly to:

**CSIMT Admission Office
12 N Main St., Suite 30
West Hartford, Ct 06107**

Name

Date of Birth

Address

Social Security Number

City

State _____
 Zip Code

Date of Last Attendance

Name at the Time of Last Attendance

Student's Signature

Date