



437 PEQUOT AVENUE | NEW LONDON, CONNECTICUT | 06320

OFFICE OF THE REGISTRAR
TRANSCRIPT REQUEST

Form fields for personal information: First Name, Last Name, Maiden Name, Home Phone, Mobile Phone, Date of Birth, Number, Street, City, State, Zip Code.

Currently Enrolled: Yes/No, Last Semester Attended:

Send Transcripts To: (Please provide specific name, address, city, state, and zip to which you want the transcripts mailed.)

Number of Copies, Amount Enclosed, Mail Transcripts: Immediately, After Degree is Posted, After Current Semester.

I hereby authorize Mitchell College to release official copies of my academic record to the person or institution named above with the understanding that the named recipient will not release the record to a third party without my written consent.

NOTE: Each Transcript is \$5.00. Transcripts will not be issued unless payment has been received or if there is any departmental hold.

Payment may be made online at https://mitchell.diamondmindinc.com/

Signature (Student) and Date fields.

Please provide a phone number in case we have a question about this request:

After completing, please PRINT this form and fax it to (860) 629-6209, or mail to: Mitchell College, 437 Pequot Avenue, New London, CT 06320.