



437 PEQUOT AVENUE | NEW LONDON, CONNECTICUT | 06320

OFFICE OF THE REGISTRAR
TRANSCRIPT REQUEST

First Name Current Last Name (include last name while attending Mitchell)

Home Phone Mobile Phone Date of Birth (MM/DD/YYYY)

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) Date

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, Registrar's Office, 437 Pequot Avenue, New London, CT 06320 or scan and email the form to registrar@mitchell.edu.