



437 PEQUOT AVENUE | NEW LONDON, CONNECTICUT | 06320

OFFICE OF THE REGISTRAR
TRANSCRIPT REQUEST

Form fields for personal information: First Name (Current), Last Name (Current), Maiden Name, 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 860-701-5770, 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.