

**CONNECTICUT STATE DEPARTMENT OF HIGHER EDUCATION  
PRIVATE OCCUPATIONAL SCHOOL APPROVAL UNIT**

61 Woodland Street, Hartford, CT 06105

**REQUEST FOR STUDENT RECORDS**

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_

Name of student: \_\_\_\_\_

Name of student at time of attendance: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Other identifying number issued by school (if applicable): \_\_\_\_\_

Program Name: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Request for Transcript: Yes \_\_\_\_\_ No \_\_\_\_\_

Request for Attendance Records: Yes \_\_\_\_\_ No \_\_\_\_\_

Request for other records (Specify): Yes \_\_\_\_\_ No \_\_\_\_\_

(If you are not sure of the names of records, you may want to specify why you need these records to help us in our search of your file for suitable records)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Address to send document(s), if different than home address, and to whose attention, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

POSA MI 1 (11/95)

(Attach copy of MI 1 to records. Date response mailed \_\_\_\_\_ Initials \_\_\_\_\_)