



**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**

**Police Officer Standards and Training Council  
Connecticut Police Academy**

**REQUEST FOR TRANSCRIPTS**

Basic Recruit Transcript

In-Service Transcript

Name: \_\_\_\_\_ Department: \_\_\_\_\_

POSTC ID#: \_\_\_\_\_ Last 4 digits SSN (optional): \_\_\_\_\_

Session# \_\_\_\_\_ Date of Attendance: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

**SEND DOCUMENTATION TO:**

---



---



---



---



---



---

**EMAIL OR FAX COMPLETED FORM TO 203-238-6643**

**OR MAIL TO P.O.S.T.C., 285 PRESTON AVENUE, MERIDEN, CT 06450**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

LETTER OF CERTIFICATION

CURRICULUM HOURS

RECRUIT TRANSCRIPT

OFFICER TRANSCRIPT