



**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 FORM TO Certification

POST.Certification@CT.GOV

FOR OFFICE USE ONLY

Date Received: _____ Date Sent: _____

LETTER OF CERTIFICATION

CURRICULUM HOURS

RECRUIT TRANSCRIPT

OFFICER TRANSCRIPT