



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 FOR TO AMIE LEDOUX

AMIE.LEDOUX@CT.GOV

FOR OFFICE USE ONLY

Date Received: _____ **Date Sent:** _____

LETTER OF CERTIFICATION

CURRICULUM HOURS

RECRUIT TRANSCRIPT

OFFICER TRANSCRIPT