



103 Park Avenue, Nutley, New Jersey 07110 • Ph. 973.661.0600 • Fax. 973.922.8999

# TRANSCRIPT REQUEST FORM

THE COMPLETED "TRANSCRIPT REQUEST FORM" CAN BE MAILED TO THE ATTENTION OF THE REGISTRAR OR FAXED

*IT WILL TAKE ONE WEEK TO PROCESS TRANSCRIPTS UPON RECEIPT OF THE REQUEST*

## PERSONAL INFORMATION:

Date: \_\_\_\_\_ Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

Name during Enrollment (If different than above): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Current Student Status:

- Active
- Grad (date graduated: \_\_\_\_\_)
- Drop (date withdrew: \_\_\_\_\_)

Do you have more than one enrollment?  Yes  No

Which enrollments are you requesting?  All  Only \_\_\_\_\_

## TYPE OF DOCUMENT REQUESTED:

Official  
*There is a fee of \$5 per copy; to be paid with the Financial Aid office*

Unofficial

## DELIVERY OPTIONS:

Pick up in office  Mail to address below  Mail to home address (listed above)

Contact Person (if applicable) \_\_\_\_\_ Institution (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In accordance with the Federal Family Educational Rights & Privacy Act (Public Law 93:380), I authorize the release of my academic records.

Signature

Date

### Office Use Only:

FA Hold  Yes  No  
Payment  Yes  No Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_