



REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

There is no fee for this service

OFFICE OF THE REGISTRAR
 2600 WOODBRIDGE AVE.
 P.O. BOX 3050, EDISON, N.J. 08818-3050
 Tel: 732.906.2523 Fax: 732.906.7785

LAST NAME	FIRST NAME
ADDRESS	SOCIAL SECURITY OR STUDENT ID#
CITY	STATE ZIP CODE
ANY OTHER LAST NAME USED BY STUDENT	EMAIL ADDRESS
SIGNATURE	DATE OF BIRTH PHONE

PURSUANT TO PROVISIONS OF THE **FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT** OF 1974 (PUBLIC LAW 93-380), I GRANT PERMISSION FOR RELEASE OF MY ACADEMIC RECORD TO THE INDIVIDUAL OR INSTITUTION INDICATED.

SEND TO	COLLEGE NAME OR RECIPIENT NAME	SEND TO
	ATTENTION	
	ADDRESS	
	CITY STATE ZIP CODE	

SEND:	
<input type="checkbox"/>	SEND NOW
<input type="checkbox"/>	AT NEXT POSTING OF GRADES
<input type="checkbox"/>	AT NEXT POSTING OF DEGREE
<input type="checkbox"/>	PICK-UP

NOTE: IF YOU HAVE A FINANCIAL OBLIGATION TO THE COLLEGE, **NO TRANSCRIPT CAN BE ISSUED** UNTIL IT HAS BEEN CLEARED.

DATE OF REQUEST _____
NUMBER COPIES _____