

# RUTGERS

THE STATE UNIVERSITY  
OF NEW JERSEY

## Official Transcript Request Form

We cannot accept E-MAIL or FAX Requests

Sign & mail this form to the school you attended. Please allow 7-10 business days for ALL processing, from the date received in our office. ALL FORMER/PREVIOUSLY ENROLLED students will be charged a \$7.00 transcript fee for each Official Transcript ordered. All students ENROLLED during any portion of the academic year (September 1st - August 31st) will receive two free transcripts, if requested during that time, and each additional request will be charged a \$7.00 transcript fee. Please include a check or money order payable to Rutgers University with your Official Transcript Request.

Graduate School of Biomedical Sciences  
Office of the Registrar  
PO Box 1709  
65 Bergen St., Room 517  
Newark, NJ 07101-1709

Robert Wood Johnson Medical School  
Office of the Registrar  
675 Hoes Lane, Room TC#111  
Piscataway, NJ 08854-5635

School of Health Related Professions  
Office of the Registrar  
65 Bergen St., Room 149  
Newark, NJ 07107

New Jersey Medical School  
Office of the Registrar  
PO Box 1709  
185 South Orange Ave., MSB B 640  
Newark, NJ 07101-1709

Rutgers School of Dental Medicine (NJDS)  
Office of the Registrar  
PO Box 1709  
110 Bergen St., Room B 826  
Newark, NJ 07101-1709

School of Public Health  
Office of the Registrar  
PO Box 9  
683 Hoes Lane West, Room 335  
Piscataway, NJ 08854-5635

School of Nursing  
Office of the Registrar  
65 Bergen Street, Room 622  
Newark, NJ 07101

Name (last, first, middle initial): \_\_\_\_\_

If you previously attended Rutgers Biomedical and Health Sciences (formerly UMDNJ) under a different name, please list it below:  
(last, first, middle initial): \_\_\_\_\_

A#: \_\_\_\_\_ SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Currently enrolled:  Yes Degree \_\_\_\_\_ Program \_\_\_\_\_

No Degree(s): \_\_\_\_\_ Year of Degrees(s): \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Current Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell/Phone Number: \_\_\_\_\_

HOLD for:  Degree  Spring grades  Fall grades  Summer Session grades  Release immediately

School(s) Attended: \_\_\_\_\_

**If requesting a transcript from more than one school, please complete separate request form.**

Please list the name, title, and address of person(s) or institution(s) to whom you wish the transcript(s) mailed:

Name/Address #1: \_\_\_\_\_  
# of copies \_\_\_\_\_

Name/Address #2: \_\_\_\_\_  
# of copies \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_