

ALUMNI TRANSCRIPT REQUEST FORM

AIT Guidance Department
1776 Raritan Road
Scotch Plains, NJ 07076
Phone: (908) 889-8288
Fax: (908) 889-6831
www.ucvts.tec.nj.us/AIT

Date: _____

Name (when attended AIT): _____

Telephone #: _____

Present Address: _____

Date of Birth: _____ Date of Graduation: _____

Address transcript should be sent to: _____

Signature: _____

1. All requests must be in writing. Immediate walk-in requests will not be honored.
2. Please send a stamped, addressed envelope prepared for mailing to the recipient.
3. There will be a 2-week period for processing alumni transcripts.