

ALUMNI TRANSCRIPT REQUEST FORM

UCTECH School Counseling Department
1776 Raritan Road
Scotch Plains, NJ 07076
Phone: (908) 889-8288
Fax: (908) 889-4399
www.ucvts.org

Date: _____

Number of Transcripts Requested: _____

Name (when attended UCTECH): _____

Telephone #: _____

Present Address: _____

Date of Graduation: _____

Address(es) 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.