

The College of New Jersey

Office of Records & Registration

PO BOX 7718

Ewing, New Jersey 08628-0718

Phone: (609) 771-2141

Email: trnsrpt@tcnj.edu

Fax: (609) 637-5184

TRANSCRIPT REQUEST FORM

~ONLY for students who attended before 2000~

~There is no fee for transcripts~

Transcripts cannot be released if there are outstanding financial obligations to the College.

Complete all sections of this form. Please allow three to five days for processing

Name: _____

*Previous names: _____

Mailing address: _____

Daytime contact number: _____

Email address: _____

Social Security Number/PAWS ID: _____

Date of birth: _____

Number of transcripts requested: _____

Dates of attendance: From _____ To _____

____ Undergraduate ____ Graduate

Mailing instructions:

____ Pick up

____ Envelope Flap (Stamped and Sealed)

____ Mail to individual or institution listed below.

Office Use	
Date sent:	_____
Staff initials:	_____
Holds:	_____

Attachments: Yes _____ No _____

____ Forms/Please hold until grades are posted

SEND TO: { Name: _____
 Attn: _____
 Mailing Address: _____
 _____ Zip _____

Student Signature (required) _____ Date: _____

Please note that Electronic Signatures will NOT be accepted.

My signature signifies that my academic record will be released to me or the above listed party. It also signifies that all pick up requests must be picked up by me or designee with a valid photo ID and my signed consent.