



TRANSCRIPT REQUEST FORM

Office of the Registrar, Hepburn 214
Phone: 201/200-3334 Fax: 201/200-2062

REGULAR SERVICE:

IF YOU HAVE AN **OUTSTANDING BALANCE**, TRANSCRIPT REQUEST WILL NOT BE PROCESSED. (If unsure, check with Bursar's office. H-106)

Complete form and FAX OR MAIL to Registrar's Office

Fax #201/200-2062 or
Mail: NJCU – Registrar H-214
2039 Kennedy Blvd.
Jersey City, NJ 07305-1597

1. STUDENT INFORMATION (please print clearly)

_____ Last Name First Name Middle Int.

_____ No & Street c/o or Apt. No.

_____ City State Zip Code

_____ Former Name

_____ Last 4 Digits of S. S. #/ Gothic Net ID# (_____) Phone #

*If zip code is omitted or incorrect, delivery will be delayed

2. SEND TRANSCRIPT TO: *(please print clearly for mailing)*

****Due to COVID19 all transcripts are emailed in a PDF format. Please enter an email address to replace the Mailing address. Thank you for your cooperation.**

_____ Send to: Your EMAIL Address

_____ or Sent to: EMAIL Address/Company/Institution/Person

3. TRANSCRIPTS REQUESTED

a. Regular Service
No Fee, Mailed within 4 Business Days

b. Number and Type of Official Transcript(s)

_____ # Student Copies _____ # 3rd Party Copies

4. UNIVERSITY ATTENDANCE INFORMATION:

a) ___ Yes ___ No Did you complete any courses prior to Fall 1987
b) By each division indicate year attended and the graduation date(s)
The approximate dates are acceptable.

First Year Last Year NJC Undergraduate Division
NJC Graduate Division
NJC Occupational Educ. Division
Month Year

_____ Bachelor's Degree awarded _____ / _____

_____ Master's Degree awarded _____ / _____

5. STUDENTS SIGNATURE REQUIRED:

Your signature indicates you are giving NJCU authorization to release your transcript.

_____ Signature Date

BURSAR'S OFFICE USE ONLY:

_____ Outstanding balance with NJCU
Contact Bursar Office H-106

_____ Rec'd by & Date

REGISTRAR'S OFFICE USE ONLY:

of Copies sent:

Interdepartmental

Mailed as requested

Same Day Service

Total copies

_____ Sent by & Date