Transcript Request Form
Attn: Registrar
42 Norwood Avenue
Summit, NJ 07902-0308
Fax: (908) 273-2149

A. Current Students (complete sections A, C, D)

Student Name ___________________________________________ Grad Year _____________
First      MI      Last

B. Alumnae/Withdrawn Students (complete sections B, C, D)

Name under which you attended _________________________________________________________
First      MI      Last
Graduation Year _______________ If withdrawn, when did you withdraw? Month______ Year _______

Home Phone Number: ________________________ Cell Phone Number: ________________________

Current Address________________________________________________________________________
____________________________________________________________________________________

C. When should transcript be processed

☐ Now  ☐ Hold for Current Trimester/Semester’s grades  ☐ Hold until Graduation

Number of Transcripts Requested: Official _______________ Unofficial ________________

OFFICIAL TRANSCRIPTS are sealed and stamped transcripts that cannot be opened by the student. If an Official
Transcript is opened by a student it will automatically become unofficial. Official transcripts can be sent to your
home inside an additional envelope so that you can send with any other necessary paperwork or we can send
directly to the school or office needed.
Mail transcript to: _________________________________________________________________

______________________________________________________________

UNOFFICIAL TRANSCRIPTS are not sealed or stamped and are usually acceptable for driver’s license verification,
insurance purposes or student records. Unofficial can be mailed, faxed or emailed to a recipient.

☐ Fax  ☐ Mail to Student  ☐ E-mail to: ____________________________________________________

D. Student Signature (Required): ______________________________________________________

Parent/Guardian Signature (if student under 18): _______________________________________

Parent/Guardian Printed Name: _________________________________________________________

______________________________  ________________________________
(Registrar Signature)          (Date)

THIS SECTION TO BE COMPLETED BY THE REGISTRAR’S OFFICE