



Office of the Registrar
683 Hoes Lane West, Rm. 335
Piscataway, NJ 08854
Telephone: 732/235-9724/4316
Fax: 732/235-9599
Email: sph-registrar@umdnj.edu

TRANSCRIPT REQUEST FORM

PRINT CLEARLY

Name _____ Student I.D./SSN _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____

Are you currently enrolled? Yes No (Please circle)

If not, date last enrolled _____ (\$5 fee per transcript. You must mail request)

Mail To:

Signature: _____ Date: _____

NOTE: If you require more than three transcripts, you must send labels that can be affixed to envelopes

Check all that apply: **Official** **Student Copy (unofficial)**

Fee of \$5 per transcript for students **NOT** currently enrolled. Make check/money order payable to UMDNJ.

Official Transcripts will **ONLY BE MAILED** to an institution, organization or agency. Please include the specific department or the name of the person to whom it should be addressed.

Processing time is approximately two to three days from the time the request is received.

You may fax the request **only** if you are presently enrolled. Transcripts will be not be faxed.