



Official Transcript Request Form

We cannot accept EMAIL or FAX requests!

Sign & mail this form to the campus you last attended: Rutgers, The State University of NJ, ATTN: Records & Transcripts Office. Please allow 3-5 business days for ALL processing, from the date received in our office. Instant transcripts are not available. ALL FORMER/PREVIOUSLY ENROLLED students will be charged a \$7.00 transcript fee for each Official Transcript ordered. All students ENROLLED during any portion of the academic year (September 1st - August 31st) will receive two free transcripts, if requested during that time, and each additional request will be charged a \$7.00 transcript fee. Please include a check or money order payable to Rutgers University with your Official Transcript Request.

New Brunswick Registrar
ASB, Room 200L
65 Davidson Road
Piscataway, NJ 08854-8096

Newark Registrar
249 University Ave., Suite 309
Newark, NJ 07102

Camden Registrar
311 North 5th Street
Camden, NJ 08102

Name (last, first, middle initial): _____

If you previously attended Rutgers University under a different name, please list it (last, first, middle initial, maiden):

RUID #: _____ SSN #: _____ Date of Birth: ____/____/____

Currently enrolled: ___ Yes ___ No Class Yr: _____ RU Degree(s): _____ Year of Degree: _____

Check Here _____ If you want your SOCIAL SECURITY NUMBER printed on the Transcript.

Current Address: _____

Email address: _____ Cell/Phone Number: _____

I Authorize you to Release Official Transcripts of my: _____ Undergraduate Schools Only
_____ Graduate Schools Only
_____ ALL Work

HOLD for: _____ Degree _____ Spring grades _____ Fall grades _____ Summer/Session grades _____ Winter Session grades
_____ RELEASE IMMEDIATELY

School attended: Undergraduate _____ Graduate _____
ONLY ATTENDED SUMMER SESSION - Year(s) _____ or WINTER SESSION - Year(s) _____

Please send Official Transcript(s) to the address(es) below - Please list the Name, title, and address of person(s) or institution(s) to whom you wish this transcript sent:

Name/Address #1 _____
of copies _____

Name/Address #2 _____
of copies _____

Student's Signature: _____ Date: _____