

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

OFFICIAL TRANSCRIPT REQUEST

Office of the Registrar, 101 Vera King Farris Drive, Campus Center Suite 203, Galloway, NJ 08205-9441

INSTRUCTIONS: PLEASE PRINT CLEARLY. Complete this form in its entirety and return it to the Office of the Registrar at the address above or fax it to 609-626-5547.

Normal processing time for transcript requests is 5-7 business days. There is no charge for transcripts with a normal processing time. Up to five (5) transcripts will be processed per request. You will be notified via email when your request has been processed.

Urgent Requests: If transcripts are needed immediately, there is a \$10 processing fee per transcript. Payment may be made on-line or in person at the Bursar's Office in the Campus Center, Suite 202. Urgent requests will be processed the same day if received by the Registrar's Office before 12:00pm (allow at least 1 hour for processing); requests received after 12:00pm will be processed the next business day. Requests will not be processed for persons with outstanding obligations to the college.

Z#: _____ (If known) SSN#: _____ (Last 4 Digits Only)

Name: _____
Last First MI

Former Name (If applicable): _____
Last First MI

Address: _____
Street City State Zip

Check here if address has changed since attending Stockton Check here if you are a current student

Attended Prior to 1989

Telephone: _____ Cell Phone: _____ Email: _____

Are these transcripts needed for Teacher Certification? ___ Yes* ___ No *Teacher Certification transcripts will only be mailed to the NJ Department of Education and cannot be picked up or mailed directly to the student.

TOTAL NUMBER OF COPIES: _____

___ Send within 5-7 business days. (Additional time may be required if request is made at peak times.)

___ Urgent Request. *(Payment has been made. Please send immediately)*

NOTE: If your transcript needs to reflect that you have been awarded a degree, please verify that the degree has been posted on your unofficial transcript prior to submitting this request.

All transcripts are sent regular-standard mail.

MAIL TO :
(include School Name, Dept., Attn. and Address)

1) _____

Check here if additional addresses are listed on the back of this form.

I hereby certify that this information is true and correct. As per the Federal Family Education rights and Privacy Act (PL 93:360), I authorize release of my academic record.

Signature

Date

For Official Use Only:

BURSAR: # of Copies: _____ Payment Amt. Received: \$ _____ Date: _____ Initials: _____

REGISTRAR: Date Processed: _____

ADDITIONAL ADDRESSES FOR TRANSCRIPTS

(include School Name, Dept., Attn. and Address)

2) _____

3) _____

4) _____

5) _____

**Questions? Call the Office of the Registrar at
(609) 652-4235 or stop in Campus Center Suite 203**