



The College of New Jersey
Office of Records & Registration
PO BOX 7718
Ewing, New Jersey 08628-0718
Phone: (609) 771-2141 Fax: (609) 637-5184

Email: trnsrpt@tcnj.edu
TRANSCRIPT REQUEST FORM

~ONLY for students who attended before 2000~
~There is no fee for transcripts~

Transcripts cannot be released if there are outstanding financial obligations to the College.
Complete all sections of this form. Please allow five to seven days for processing

Name: _____
 *Previous names: _____
 Mailing address: _____

 Daytime contact number: _____
 Email address (required): _____
 Last 4 digits of Social Security Number _____ **OR**
 6 digit PAWS ID Number _____
 Date of birth: _____

Office Use
Date received: _____
Staff initials: _____

Number of transcripts requested: _____ *Dates of attendance:* From: _____ To: _____
 _____ Undergraduate _____ Graduate

Mailing instructions:

_____ Pick up (Will be Stamped Issued to Student)
 _____ Mail to Student (Will be Stamped Issued to Student)
 _____ Mail to Institution listed below

Attachments: Yes _____ No _____
 _____ Forms/Please hold until grades are posted

Office Use
Date sent: _____
Staff initials: _____
Holds: _____

SEND TO: { Name: _____
 Attn: _____
 Mailing Address: _____
 _____ Zip _____

By signing below, I certify under penalties of perjury in accordance with 2C:21-1, that I am the current/former student requesting my records. My signature also indicates that I acknowledge I am accountable for releasing my personal information and in no event will TCNJ be held liable for the transmittal of my personal information.

Pursuant to the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record to me, the recipient indicated above, or a designee with a valid photo ID and my signed consent.

Student Signature (required): _____ Date: _____

This document, e-mail, or fax transmittal (including any files or attachments transmitted with it) is confidential and intended solely for the use of the office/individual to whom the above signed permits. If you are not the intended recipient of this document, e-mail, or fax transmittal you may not review, retransmit, convert to hard copy, copy, rely upon, or disseminate. If you have received this in error please immediately notify us at The College of New Jersey, Office of Records & Registration PO BOX 7718, Ewing, New Jersey 08628-0718, Phone: (609) 771-2141, Email: trnsrpt@tcnj.edu. Thank You.