



The College of New Jersey
 Office of Records and Registration
 P.O. Box 7718, Ewing, NJ 08628-0718
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TRANSCRIPT REQUEST FORM

~Only for students who attended the College before 2000~

*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 Name:

Daytime Contact Number: E-Mail (Required)

Last 4 digits of Social Security Number: **OR** 6 digit PAWS ID: Date of Birth:

Mailing Address

Street Address:

City: State: Zip:

Number of Transcripts Requested: Dates of Attendance From: To:

Undergraduate Graduate Attachments: Yes No (Please e-mail, fax, or mail the form)

Mailing Instructions:

- Pick up (will be stamped "Issued to Student")
- Mail to student (will be stamped "Issued to Student")
- Mail to institution

Send to:

Name:

Attention:

Street Address:

City: State: 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.

Signature: _____ 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.