

Transcript Request

Please print neatly. Complete and mail this form to **EACH College or University that you previously attended**. Duplicate as needed and be sure to check with each university/college for any applicable transcript fees.

This form authorizes _____
(University / College/ Institution)
to send my **official** transcript(s) to New Jersey Institute of Technology.

Information to identify your record

_____	_____
Full Legal Name	Date of Birth

Name while attending school (if different from above)	
_____	_____
Social Security Number	Student ID (if known)
_____	_____
Street Address	Telephone Number (Work)
_____	_____
City, State and Zip Code	Telephone Number (Home)
_____	_____
Country _____	
From: _____ To: _____	Currently enrolled: _____
(Dates Attended)	Yes No
Degree(s) awarded: _____	

Pursuant to the provisions of the Federal, Family Educational Rights and Privacy Act of 1974 (FERPA, Public Law 93-380), I hereby authorize the registrar to release the official transcript of my record to New Jersey Institute of Technology. **Signature is REQUIRED.**

SIGNATURE OF STUDENT

DATE

To the Registrar: The transcript must be in a sealed institutional envelope and display the seal of the Registrar. Mail transcripts directly to:

New Jersey Institute of Technology
Continuing Professional Education, room 180 Fenster Hall
Att: Timothy Hart
323 King Blvd.
University Heights
Newark, NJ 07102-1982