

PLEASE PRINT OR TYPE. PRESS FIRMLY

Name: _____ Maiden Name: _____
 Street: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

SS #: _____ ID #: _____

As per the Federal Educational Rights & Privacy Act, I authorize release of my academic record.

Signature: _____ Date: _____

Please allow 2-3 working days for the processing of each request.
 Unofficial – No charge, also available on My.Sussex Portal for students enrolled after Fall 2008.
 Official – \$5 per copy
(MUST include Name and Address of College. Complete 1 form for each request.)

Send Transcript To:	Name
	Dept.
	Street
	Town, State, Zip



ACADEMIC TRANSCRIPT REQUEST
Office of The Registrar
 One College Hill Road
 Newton, NJ 07860

Dates Attended: _____

Check One:
 Please send my transcript immediately
 Please hold my request until:
 My current semester grades are posted. Semester: _____
 My degree or certificate is posted. Grad. Date: _____

Registrar's Office	Bursar's Office
<input type="checkbox"/> First Request (Free) <input type="checkbox"/> Unofficial - No charge <input type="checkbox"/> \$5 fee per copy	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
Check Holds: <input type="checkbox"/> Library <input type="checkbox"/> Bursar's Office <input type="checkbox"/> Athletic Equipment	Approved by B/O Initial _____ Date Mailed _____

Please print mailing address clearly. This will be used for mailing purposes.

White Copy: Mailing • Yellow Copy: Registrar • Pink Copy: Bursar • Gold Copy: Student