



Transcript Request Form

Please return this form to:

Attn: Transcript Request
Office of the Registrar
Thomas Edison State College
101 West State St.
Trenton, NJ 08608-1176

GENERAL INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

Maiden or Former Name: _____ SSN/College ID: _____

Street: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone Number(s): _____ (home) _____ (work) _____ (cell)

Please list your degree program and the date you graduated. If you have not yet earned a degree, please list the dates during which you attended Thomas Edison State College.

Degree Program: _____

Date Graduated: _____ or Dates of Attendance: _____

Please check one:

Please send my transcript(s) without waiting for any additional coursework to be posted.

Please send my transcript(s) after my current TESC term's grades/credits are posted.

Please send _____ official transcript(s) to:

Name: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Please use another page to provide address for additional transcript requests.

I need _____ official transcript(s) that I will hand carry, addressed to:

Name: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Please use another page to provide address for additional transcript requests.

Please send me a student copy.

Transcripts are typically mailed within five business days of the receipt of your transcript request. Every effort is made to meet specified deadlines. The Office of the Registrar cannot accept e-mail requests.

Note: Transcripts will not be furnished to students or alumni with outstanding financial obligations to the College.

Student Signature (required): _____ Date: _____

TRANSCRIPT FEE INFORMATION

The transcript fee is \$10 for each transcript, including student copies. Please make checks payable to Thomas Edison State College. If you are paying by credit card, you may fax this form to the Office of the Registrar at (609) 292-1657.

Number of Transcript copies: _____

_____ x \$10

Total Amount Due: _____

Return this form with total amount due to:

Attn: Transcript Request
Office of the Registrar
Thomas Edison State College
101 W. State St.
Trenton, NJ 08608-1176

Check Money Order American Express VISA MasterCard Discover

Card Number: _____ / _____ / _____ / _____ Expiration Date: _____