

TRANSCRIPT REQUEST FORM



Name: _____

Student ID/SSN: _____

Former Name: _____

Address: _____

Phone Number: _____

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 without waiting for any additional coursework to be posted.

Please send my transcript after my current term TESC grades/credits are posted.

Please send official transcript to:

I need an official copy that I will hand carry, addressed to:

City _____ State _____

City _____ State _____

Zip Code _____

Zip Code _____

____ Please send me a student copy.

All requests for transcripts must be signed by the student on the bottom of this form. Check for \$5 per transcript request, payable to Thomas Edison State College, should be mailed to:

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

Payment Information:

___ Check ___ Money Order ___ American Express

___ Visa ___ Master Card ___ Discover

Card number: _____

Expiration date: _____

Or, you may fax this information to the Office of the Registrar at (609) 777-0477, along with your credit card number. 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.*

Signature

Today's Date