



THE STATE UNIVERSITY
OF NEW JERSEY

Official Transcript Request Form

We cannot accept E-MAIL or FAX Requests

Sign & mail this form to the school you attended. Please allow 7-10 business days for ALL processing, from the date received in our office. ALL FORMER/PREVIOUSLY ENROLLED students will be charged a \$7.00 transcript fee for each Official Transcript ordered. All students ENROLLED during any portion of the academic year (September 1st - August 31st) will receive two free transcripts, if requested during that time, and each additional request will be charged a \$7.00 transcript fee. Please include a check or money order payable to Rutgers University with your Official Transcript Request.

Graduate School of Biomedical Sciences
Office of the Registrar
PO Box 1709
65 Bergen St., Room 517
Newark, NJ 07101-1709

Robert Wood Johnson Medical School
Office of the Registrar
675 Hoes Lane, Room TC#111
Piscataway, NJ 08854-5635

School of Health Related Professions
Office of the Registrar
65 Bergen St., Room 149
Newark, NJ 07107

New Jersey Medical School
Office of the Registrar
PO Box 1709
185 South Orange Ave., MSB B 640
Newark, NJ 07101-1709

Rutgers School of Dental Medicine (NJDS)
Office of the Registrar
PO Box 1709
110 Bergen St., Room B 826
Newark, NJ 07101-1709

School of Public Health
Office of the Registrar
PO Box 9
683 Hoes Lane West, Room 335
Piscataway, NJ 08854-5635

School of Nursing
Office of the Registrar
65 Bergen Street, Room 622
Newark, NJ 07101

Name (last, first, middle initial): _____

If you previously attended Rutgers Biomedical and Health Sciences (formerly UMDNJ) under a different name, please list it below:
(last, first, middle initial): _____

A#: _____ SSN#: _____ Date of Birth: ____/____/____

Currently enrolled: Yes Degree _____ Program _____

No Degree(s): _____ Year of Degrees(s): _____

Dates of Attendance _____

Current Address: _____

Email Address: _____ Cell/Phone Number: _____

HOLD for: Degree Spring grades Fall grades Summer Session grades Release immediately

School(s) Attended: _____

If requesting a transcript from more than one school, please complete separate request form.

Please list the name, title, and address of person(s) or institution(s) to whom you wish the transcript(s) mailed:

Name/Address #1: _____
of copies _____

Name/Address #2: _____
of copies _____

Student Signature: _____ Date: _____