



THE STATE UNIVERSITY
OF NEW JERSEY

Official Transcript Request Form

We cannot accept E-MAIL or FAXED 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. FORMER/PREVIOUSLY ENROLLED students (except for those SHRP/ SN students who have paid the life time transcript fee) 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
65 Bergen St., Room 517
Newark, NJ 07107

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

School of Health Related Profession &
School of Nursing
65 Bergen St., Room 147
Newark, NJ 07107

New Jersey Medical School
Office of the Registrar
MSB, Room B-640
185 South Orange Ave.
Newark, NJ 07103

Rutgers School of Dental Medicine (NJDS)
Office of the Registrar
Room B 826
110 Bergen St.
Newark, NJ 07103

School of Public Health
Office of the Registrar
Room 335
683 Hoes Lane West
Piscataway, NJ 08854

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: _____