

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:	_____



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	Business Office
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First Request (Free)
 Unofficial - No charge
 \$5 fee per copy

Check # _____
 Cash
 Credit Card

Check Holds:
 Library
 Business Office
 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: Business • Gold Copy: Student