



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/CURRENTLY ENROLLED students will be charged a \$10.00 transcript fee for each Official Transcript ordered. 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 Profession &
School of Nursing
PO Box 1709
65 Bergen St., Room 149
Newark, NJ 07010-1709

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

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: _____