

ROWAN UNIVERSITY

Office of the Registrar Attn: Records 201 Mullica Hill Rd Glassboro, NJ 08028-1701 (856) 256 4356 FAX#(856) 256 4424

TRANSCRIPT REQUEST

ID/SSN _____

CURRENT NAME _____

Number of copies _____

STR _____

Are you currently enrolled at Rowan? YES ___ NO ___

CITY _____ STATE _____ ZIP _____

Undergraduate ___ Graduate ___ Certification _____

TELEPHONE _____

Other _____

DATE OF BIRTH _____

Did you attend PRIOR to FALL 1988? YES ___ NO ___

PREVIOUS NAME WHICH YOU WERE ENROLLED (if different)

___ Send Immediately **OR** ___ Hold for posting of:

Fall grades ___ Spring grades ___

Summer grades ___ Degree conferred ___

Allow five (5) working days for processing. Three (3) Weeks should be allowed for transcripts processed at the conclusion of each semester.

Transcripts will not be provided until all obligations to the university have been satisfied.

Transcript Request Fees:

Print clearly the name and address of the person to receive the transcript.(Official documents are not sent via email)

In-person Official - \$20.00 (official paper)

Mail-In/Fax - \$15.00 (official paper)

In-person/Mail Unofficial - \$10.00 (plain paper)

If Mail/Fax-Send check, money order or credit card to Rowan University. Include ID number on check.

TO: _____

Pursuant to the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record to me or the individual indicated.

Signature _____

Office Use Only:

Amount Received _____ Received By _____

Date Received _____ Date Mailed _____

Please fill out the following information if paying with a credit card

ROWAN UNIVERSITY - CREDIT CARD AUTHORIZATION

STUDENT NAME (please print) _____

authorize the charging of my credit card in the amount _____

STUDENT SOCIAL SECURITY # _____

CARDHOLDER'S SIGNATURE _____ DATE _____

Credit Card Number

Status inv disc

Grid for credit card number: 16 empty boxes

CARDHOLDER'S NAME (please print) _____

CARDHOLDER'S DAY TELEPHONE NUMBER _____

Please check one: VISA MASTER CARD DISCOVER AMERICAN EXPRESS

EXPIR DATE: 2 empty boxes for month, 2 empty boxes for year

CARDHOLDER'S EVENING TELEPHONE NUMBER _____