BROOKDALE COMMUNITY COLLEGE
NEW JERSEY'S #1 ASSOCIATE DEGREE COLLEGE

Mail to:
Attention - Registrar`s Office
Brookdale Community College
765 Newman Springs Road
Lincroft NJ 07738

TRANSCRIPT REQUEST FORM BY POSTAL MAIL

$3.00 FEE PER COPY

PLEASE USE ONE FORM PER ADDRESS

Please read the following:

1. *This form is to be used for mailed transcript requests only.* Students may not send requests by Fax or Email. Students who wish to make their request in-person should fill out the Transcript Request Form made available in the Office of Admissions, Records and Registration, Branch Campus or Higher Education Centers.
2. Transcript requests must be made by the student and **will not be accepted** on behalf of the student from other individuals. Requests sent without a signature or with signatures that cannot be verified as the student's signature will not be processed.
3. Brookdale Community College charges a $3.00 fee per copy of your official transcript. Payment should be made by check or money order payable to Brookdale Community College. Requests will not be processed without payment. Unofficial student copies are free of charge.
4. Transcripts will not be sent unless all obligations to Brookdale Community College are settled.
5. Requests are processed in the order in which they are received. Students should anticipate a 7-10 business day processing period from the time their request is received. During peak processing periods transcripts may take longer to be processed. Students who are applying to other institutions/programs are responsible for knowing the deadlines and should take into account processing times when making transcript requests.

Name _____ Student ID or SSN _____
Last First MI

Date of Birth _____ Phone Number _____

Please list name if different during attendance_____

Student Address_____

_____

Number of Copies_____

Special Instructions_____

Check all that apply:

- ☐ Hold for Recording of Grades* (Term_____)
- ☐ Hold for Change of Grade* (Course_____)
- ☐ Hold for Recording of Degree* (Term_____)

*Note: Transcript requests will not be accepted more than one week prior to the term end date.

Mail transcript to (one address per form-use separate form if mailing to multiple addresses):

_____

_____

_____

_____

Signature_____ Date_____