

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

## TRANSCRIPT REQUEST FORM BY POSTAL MAIL \$6.00 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 \$6.00 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 Current Address   |                     |                  |                   |
|   |                     |                  |                   |
| Number of Copies  |                     |                  |                   |
| Special Instructions  |                     |                  |                   |
| Check all that apply:   |                     |                  |                   |
| <ul> <li>Hold for Recording of Grades* (Term</li> <li>Hold for Change of Grade* (Course</li> <li>Hold for Recording of Degree* (Term</li> </ul> | )                   |                  |                   |
| *Note: Transcript requests will not be accepted mo  | ore than one week   | c prior to the t | erm end date.     |
| Mail transcript to (one address per form-use separ  | ate form if mailing | g to multiple a  | ddresses):        |
|   |                     |                  |                   |
|   |                     |                  |                   |
|   |                     |                  |                   |
|   |                     |                  |                   |
| Signature   |                     |                  | Date              |