



TRANSCRIPT REQUEST FORM

- Cost: \$12 per transcript fee. Payable by Cash, Check, Money Order, or Credit Card
- Mail Request: GCU Registrar's Office, 900 Lakewood Avenue, Lakewood, NJ 08701
- Complete all information requested
- Please allow up to Five working days for processing

Please check reason: Transfer Job Interview Scholarship Advising Other

Request Date: _____ DOB: ___/___/___ ID#: _____

NAME: _____
Last First Middle

Did you attend under another name? (please provide name) _____

Address: _____ Phone: _____

Level of Courses of requested transcript: Undergraduate Transcript Graduate Transcript

Dates of Enrollment: _____ to _____

- I would like to:
- Hold for current term grades
 - Hold for degree posting
 - Have _____ transcripts mailed to the addresses below

**SIGNATURE _____ DATE: _____

Per the Family Educational Rights and Privacy Act of 1974, completion of this form authorizes the release of your academic record. Georgian Court University will not release testing agency scores or the academic records from another college/university.

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ADDRESSES (include complete address & "Attention to" if applicable):

1. _____ _____ _____ _____	2. _____ _____ _____ _____
3. _____ _____ _____ _____	4. _____ _____ _____ _____