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Comments:

## **Transcript Request Form**

Registrar's Office

IF YOU HAVE AN **OUTSTANDING BALANCE**, TRANSCRIPT REQUEST WILL NOT BE PROCESSED. (if unsure, check with the Bursar's office)

## \*OFFICIALTRANSCRIPT REQUEST REQUIRES A \$10 FEE PER TRANSCRIPT\*

Complete this form and MAIL to the Registrar's Office

Mail: Jersey City Campus or Belleville Campus 684 Newark Ave 251 Washington Ave Jersey City, NJ 07306 Belleville, NJ 07109

**Student's Information** First Name: Middle Initial: Last Name: No. and Street (i.e., 123 Main Street) Apt# City/State: Zip Code: Former Name (if applicable): Social Security/ Student ID Number: Telephone Number (with Area Code): Email: **Send Transcript To:** Company/Institution: Attn: Address (i.e., 123 main Street) City/State: Zip Code: **Transcript Requested** (Requests for transcripts are provided within 5 working days) Numbers of Transcript: \_\_\_\_ Please mail my transcript to the address listed above ☐ Unofficial ☐ Official Please hand my official(s) to me in a sealed envelope STUDENT'S SIGNATURE REQUIRED: I have read and understand the terms as listed as requested. Signature Date

PAYMENT METHODS: CASH, MONEY ORDER, CREDIT CARDS (MONEY ORDERS PAYABLE TO EASTERN INTERNATIONAL COLLEGE.)

(NO PERSONAL CHECKS)