



Eastern
International
College

OFFICIAL USE ONLY

- FA Clearance _____
 Bursar/Registrar Clearance _____
 Paid Will Pay _____
 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)

OFFICIAL TRANSCRIPT REQUEST REQUIRES A \$10 FEE PER TRANSCRIPT

Complete this form and FAX or MAIL to the Registrar's Office

Fax# **Jersey City Campus 201-533-1027** or **Belleville Campus 973-528-2311**

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:		Last Name:		Middle Initial:
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: _____ <input type="checkbox"/> Unofficial <input type="checkbox"/> Official	<input type="checkbox"/> Please mail my transcript to the address listed above
	<input type="checkbox"/> Please hand my official(s) to me in a sealed envelope
	<input type="checkbox"/> Please fax my unofficial transcript to (Fax #) _____

STUDENT'S SIGNATURE REQUIRED:

I have read and understand the terms as listed as requested.

Signature

Date

PAYMENT METHODS: MONEY ORDER, CREDIT CARDS (MONEY ORDERS PAYABLE TO EASTERN INTERNATIONAL COLLEGE.)
(NO PERSONAL CHECKS)