

Transcript Request Form

Please read ALL conditions carefully before filling out this form.

- There is a \$10.00 service fee for each requested transcript.
- If a student comes to the Registrar's Office and requests their transcripts to take with them, the service fee is \$12.00.
- If you are on hold by the Business Office, Library, or any other office at Centenary University, we must also withhold your transcript until all outstanding debts are resolved.
- Any student who attended Centenary University prior to 2000. Please allow a minimum of 10 working days for processing
- All current students: Please allow one week for processing.

<u>Main Campus Students:</u> Please bring the completed form with payment to the **Registrar's Office (Seay, Lower Level)** or mail to: **Registrar's Office, Centenary University 400 Jefferson St., Hackettstown, NJ 07840.**

Please send: Undergr	aduate Transcript:	Graduate Tra	ınscript: I	Both:
Name:		5	Student ID#:	
Name while Attending:		Y	Years Attended:	
		D	ate of Birth:	
Mailing Address:				
Telephone Number:	Signature:			Date:
Number of Unofficial copies:	N	lumber of Offical Co	opies:	.1
Receiving Institution and Address	S (please print mailing a	ddress clearly):		
Send immediately OR Hold for p	osting of: Fall Grades	Spring Grades	Summer Grades	Degree Posted
	osting of: Fall Grades the following inform			Degree Posted
	the following inform		th a credit card	amount of
Please fill out	the following inform	nation if paying wi	th a credit card	amount of