MONMOUTH UNIVERSITY

Office of Registration and Records West Long Branch, New Jersey 07764-1898 ° Phone: 732-571-3477 ° Fax: 732-263-5141

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

- Official transcripts are sent directly to other institutions, agencies or prospective employers. Sealed official transcripts may be released to students with a three-day processing time.
- Pursuant to NJ Law S4001/S1914, effective 01/01/06, Monmouth University transcripts will include only the last 3 digits of the Social Security Number (SSN). In those instances where the student SSN is required by the recipient, request a "STUDENT SEALED OFFICIAL." It is the student's responsibility to communicate their SSN to the recipient.
- The University is not obligated to provide transcripts to students or alumni who financial obligations to the University have not been satisfied.
- Please complete this form using black ink only. Fax, mail or bring the completed form to the Office of Registration and Records.

LAST NAME/FIRST NAME (Please separate by space):

OTHER NAME(s): (if applicable)

STREET ADDRESS:

CITY/STATE/ZIP (Please separate by a space):

STUDENT ID (s followed by 7 digits) SSN (Provide last three digits only.) PHONE NUMBER

S - -

DATE: SIGNATURE:

SEND:

	Now
	After Final Grades
	After Graduation

LAST ATTENDED: (Semester/Year)

NUMBER OF COPIES:

PROGRAM:

	Undergraduate
	Graduate
	Certificate
	Other

For a printed copy of your transcript please provide the following information:

NAME/ORGANIZATION/SCHOOL:

COMPLETE ADDRESS:

For an electronic copy of your transcript please provide an e-mail address
NOTE: THIS OPTION IS NOT AVAILABLE IF YOU ATTENDED PRIOR TO 1990

E-MAIL ADDRESS:

DATE RECEIVED

DATE PROCESSED

DATED MAILED