



REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

There is no fee for this service

| | |
|-------------------------------------|--------------------------------|
| LAST NAME | FIRST NAME |
| ADDRESS | SOCIAL SECURITY OR STUDENT ID# |
| CITY | STATE ZIP CODE |
| ANY OTHER LAST NAME USED BY STUDENT | EMAIL ADDRESS |
| SIGNATURE | DATE OF BIRTH PHONE |

PURSUANT TO PROVISIONS OF THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (PUBLIC LAW 93-380), I GRANT PERMISSION FOR RELEASE OF MY ACADEMIC RECORD TO THE INDIVIDUAL OR INSTITUTION INDICATED.

| | | |
|----------------|--------------------------------|----------------|
| SEND TO | COLLEGE NAME OR RECIPIENT NAME | SEND TO |
| | ATTENTION | |
| | ADDRESS | |
| | CITY STATE ZIP CODE | |

ENROLLMENT SERVICES

2600 Woodbridge Ave.
P.O. Box 3050, Edison, N.J. 08818-3050
Tel: 732.906.2523 Fax: 732.906.7785
E-Mail: registration@middlesexcc.edu

| | |
|--------------------------|---------------------------|
| SEND: | |
| <input type="checkbox"/> | SEND NOW |
| <input type="checkbox"/> | AT NEXT POSTING OF GRADES |
| <input type="checkbox"/> | AT NEXT POSTING OF DEGREE |
| <input type="checkbox"/> | PICK-UP |

NOTE: IF YOU HAVE A FINANCIAL OBLIGATION TO THE COLLEGE, **NO TRANSCRIPT CAN BE ISSUED** UNTIL IT HAS BEEN CLEARED.

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| DATE OF REQUEST _____ |
| NUMBER COPIES _____ |

R09/30/16



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