

TRANSCRIPT REQUEST FORM



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Florham/Madison Campus
285 Madison Avenue, M-MS0-04
Madison, NJ 07940
Phone: (973) 443-8600

Metropolitan Campus
Transcript Request
1000 River Road, T-KB1-05
Teaneck, NJ 07666
Phone: (201) 692-2214

Instructions: 1) Please complete all items in ink. 2) You must sign this request. 3) All requests are processed in the order received. 4) No request will be processed unless all financial and other obligations to Fairleigh Dickinson University have been fulfilled. 5) Fee - **\$4.00** per **official** copy 6) There is no fee for **unofficial** copies. 7) Please remit payment by Check or Money order – made payable to “FDU”. 8) Please allow 4 - 5 working days for all requests.

Current Name: _____
(LAST) (FIRST) (MIDDLE)

Current Address: _____
NUMBER STREET APT#
CITY STATE ZIP

Student ID#/ Last 4 Digits of SSN: _____ **Date of Birth:** ____/____/____

Former/Maiden Name(s): _____ **Student Phone Number:** () ____ - ____
Last First Name Middle

DATES OF ATTENDANCE:

() **Pre-Professional:** _____ **Campus Attended:** _____
Month/Year - Month/Year
() **Undergraduate:** _____ **Degree / Date:** ____ / ____
Month/Year - Month/Year
() **Graduate:** _____
Month/Year - Month/Year

PRINT BELOW THE EXACT NAME & ADDRESS (ES) OF WHERE TO SEND TRANSCRIPT(S):

****NOTE:** Transcripts sent to the student may only be sent to the student’s current address.

Request #1: _____ number of official copies
 To send an unofficial copy **Fill in the box (es) below if applicable:**
Address: _____ () HOLD for current _____ Semester grades
_____ () HOLD for degree awarded notation _____ Degree / Date
_____ () HOLD for change of Grade: _____ - _____ / _____
From To Course / Semester

Request #2: _____ number of official copies
 To send an unofficial copy **Fill in the box (es) below if applicable:**
Address: _____ () HOLD for current _____ Semester grades
_____ () HOLD for degree awarded notation _____ Degree / Date
_____ () HOLD for change of Grade: _____ - _____ / _____
From To Course / Semester

****If you are sending transcripts to more than 2 addresses, write the additional addresses on the back of this form.**

NOTE: Federal Law Prohibits Issuing A Transcript Without The Student’s Written Permission

STUDENT’S SIGNATURE: _____ **Date:** ____/____/____

OFFICE USE ONLY:

PERC: _____ Payment Method: _____ Fee Paid: _____ Receipt#: _____ Date Rec’d: ____/____/____ Initial: _____