



TRANSCRIPT REQUEST FORM

APPLICANT:

Please complete this form, print it and send it to the registrar of ALL colleges, universities, professional and technical schools previously attended. Be sure to check the box below indicating which FDU campus you wish to receive your transcripts. Submit this form as soon as possible so that the transcript will be sent directly to Fairleigh Dickinson University in time to complete your application before the appropriate deadline. This form is print-ready.

Name _____
Last First M.I. Maiden Name

Social Security No. (last 4 digits only; optional) Date of Birth __/__/____

Degree Earned _____

Date Degree Earned _____

I hereby authorize the release of this transcript of my academic record to Fairleigh Dickinson University.

Applicant's Signature

Date

REGISTRAR:

The above named person is applying for admission to Fairleigh Dickinson University. Please enclose this form with an official transcript in a sealed envelope, and send the transcript to the following address:

Metropolitan Campus
Graduate Admissions Office
Fairleigh Dickinson University
1000 River Road, T-KB1-01
Teaneck, NJ 07666

Florham Campus
Graduate Admissions Office
Fairleigh Dickinson University
285 Madison Avenue, M-RI0-01
Madison, NJ 07940