



**TRANSCRIPT REQUEST FORM**

Please complete this form and submit with payment to:  
 Union County College  
 Transcript Request  
 Records Office  
 1033 Springfield Avenue  
 Cranford, New Jersey 07016  
 Ph: (908) 709-7132  
 Fax: (908) 709-7131

<b>OFFICE USE ONLY</b>	DATE SENT _____ M _____ E _____ # of Copies _____ Paid _____
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Please Print Clearly-(Print Form Accurately)

**Please complete the information below. Payment will be processed through the Office of Student Accounts. Students who have financial obligations to the College will not be processed and payment will be returned.**

SS#/CWID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

MM/DD/YYYY

Name \_\_\_\_\_

Previous Names Used: 1) <sup>Last</sup> \_\_\_\_\_ 2) <sup>First</sup> \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Currently Attending If not currently attending, list last attended (Term/Year) \_\_\_\_\_

Were you enrolled at UCC prior to 1982? Yes \_\_\_ No \_\_\_ Which Campus: Cranford \_\_\_\_\_ Scotch Plains \_\_\_\_\_

Transcripts with nothing checked will be mailed in 3-5 days.

Hold for Fall/Winter Grades  Hold for Spring Grades  Do Not Hold-Process As Soon as Possible

Hold for Summer I Grades  Hold for Summer II Grades  Hold for Graduation

I certify that I am the above named person requesting transcripts of my academic record. I understand that the College is bound by the Family Education Rights and Privacy Act of 1974 not to release any information without my written consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Allow Five Business Days for Processing Transcript Request**

**To the Student: Check one -\$10.00 per Official Copy \_\_\_\_\_ and/or \$10.00 Official Student Copy \_\_\_\_\_**

**SEND TO:** Print Address Clearly –This area must be filled out even if going to home address.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# UNION COUNTY COLLEGE

## CREDIT CARD PAYMENT AUTHORIZATION FORM

### FOR TRANSCRIPT REQUEST ONLY

Please Print Clearly

STUDENT NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

VISA CARD #: \_\_\_\_\_  
Expiration Date

MASTER CARD #: \_\_\_\_\_  
Expiration Date

DISCOVER CARD#: \_\_\_\_\_  
Expiration Date

AMERICAN EXPRESS NOT ACCEPTED

AMOUNT TO BE CHARGED: \$ \_\_\_\_\_

NAME OF CARD HOLDER: \_\_\_\_\_

ADDRESS OF CARD HOLDER:

\_\_\_\_\_  
\_\_\_\_\_

(I GIVE PERMISSION FOR UNION COUNTY COLLEGE TO CHARGE THE CREDIT CARD INDICATED ABOVE).

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_