

Please Print or Type and Press Firmly

Social Security Number _____

Name: _____
Last First MI Previous

Address: _____

Day Telephone: _____

Signature: _____ Date: _____
As per Federal Family Educational Rights & Privacy Act (Public Law 93:380) I authorize release of my academic record.

SEND TO: _____

Office Copy – White

Student Copy – Yellow

REQUEST FOR ACADEMIC TRANSCRIPT

Bergen Community College Registration Office
400 Paramus Road, Paramus, NJ 07652-1595

No Fee Required

Please allow 3 to 5 working days for processing.

Note: The College is not required to furnish a transcript for anyone whose financial obligations have not been satisfied.

Please select one:

Now as record stands

After semester grades are recorded for:

-- Please indicate Year --

Fall _____ Spring _____

Summer 1 _____ Summer 2 _____ 11-week _____

-- For Office Use --

Date _____ Amt. Received _____ Date Sent _____

All transcripts take 3 – 5 days to produce and then they will be mailed.

Any hold on a student's account will delay the transcript being produced. Once that hold is resolved by the student, the transcript will be mailed out the next day.

Please allow extra processing time for end of semester grades.

This form can be mailed, faxed or brought into the Office of Registration, room A-129.

**400 Paramus Road
Attn: Transcripts
Paramus, NJ 07652**

Fax: 201-670-7973

There is NO fee for this service