



College Drive  
 P.O. Box 200  
 Blackwood, NJ 08012  
 www.camdencc.edu\*

# TRANSCRIPT REQUEST FORM

Records & Registration Office  
 Wilson Hall Center  
 Phone: (856)227-7200, ext. 4200

- 1) **Please print firmly with pen. Complete all items.** Use a separate form for each addressee. Submit this form to the Records and Registration Office.
- 2) **Submit payment of fee** (\$5.00 per copy) to the Business Office. Make check payable to *Camden County College*.  
 No transcript request can be honored for a student whose financial obligation to the college has not been satisfied.  
 \$5.00 x \_\_\_\_\_ (# of copies) = \$ \_\_\_\_\_ Transcript requests will be processed after fee has been paid.
- 3) Indicate **when** transcripts are to be sent.     SEND NOW     HOLD for posting of grades    (circle semester)    FALL    SPRING    SUMMER

Student's Name _____		
LAST	FIRST	MIDDLE
Address: _____		Apt. # _____
City: _____	State: _____	Zip: _____
Phone: _____		

\*You may request an official transcript(s) online using WebAdvisor. You may also view your transcript request status using WebAdvisor. Visit our Web site at www.camdencc.edu.

- 4) **Print student's name and present address** in the above box. Print plainly.  
 Check here if address has changed
- 5) Enter student's I.D. number: \_\_\_\_\_
- 6) **List maiden name or other names used at Camden County College:**  
 It is the student's responsibility to notify the recipient of the transcript of the name under which the transcript was recorded.  
  
 \_\_\_\_\_

7) **Please print in the box below the exact name and address where the official transcript is to be sent.**

Institution: _____
Recipient's Name: _____
Address: _____
_____
_____
City: _____ State: _____ Zip: _____

8) **Please sign and date:** I request that an official transcript(s) be sent to the addressee listed to the left:

\_\_\_\_\_  
 STUDENT'S SIGNATURE

\_\_\_\_\_  
 DATE