



Office of the University Registrar
TRANSCRIPT REQUEST

201 Mullica Hill Rd • Glassboro, NJ 08028-1701 • (856) 256-4360

Transcripts will not be provided until all obligations to the university have been satisfied.
Transcript Request Fees (Per Copy):

- In-person Official -\$20.00
Mailed Official- \$10.00

Send check or money order to Rowan University. Include ID number on check/money order.
(Credit and debit card payments will not be accepted over the phone, by mail, or fax. Any credit or debit card requests will be returned.)

Rowan ID _____
Current Name _____
Address _____
City/State/Zip _____
Phone# (Daytime) _____
Date of Birth _____

Previous name under which you were enrolled (if different from above):

Number of copies _____

Check One: Send Immediately _____
Hold for posting* _____

*If checking "Hold for posting", please select an option below:

Fall grades [] Winter grades [] Spring grades [] Summer grades [] Degree conferred []

Clearly print the name and address of the person to whom the transcript should be mailed:
(Official documents are not sent via fax or email)

TO: _____

Pursuant to the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record to me or the individual indicated. Allow five (5) business days for processing. Three (3) weeks should be allowed for transcript requests processed at the conclusion of each semester.

Signature _____

Office Use Only: Amount Received _____ Received By _____ Date Received _____
Date Processed _____