



Office of the University Registrar
TRANSCRIPT REQUEST FORM

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

Transcripts may be delayed if there are outstanding obligations to the University.

Transcript Request Fees (Per Copy):

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

Send check or money order to Rowan University. Include Rowan 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 (9 digits) _____

Current Name* _____

Street Address _____

City/State/Zip _____

Phone# (Daytime) _____

Email Address _____

Date of Birth _____

*Previous Name(s) under which you were enrolled (if different from Current Name):

Number of Copies _____

In-person Pickup

Mail Immediately

Hold for Posting of Grades or Degree before Mailing*

**If choosing "Hold for Posting of Grades or Degree before Mailing," please select an option below:*

Fall grades Winter grades Spring grades Summer grades Degree conferred

If requesting the transcript to be mailed, please 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 _____

If submitting this form electronically, your typed name in the signature field above will be considered your official electronic signature.

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