

PRINCETON UNIVERSITY TRANSCRIPT REQUEST FORM

Office of the Registrar 330 Alexander St, Princeton, N.J. 08544 Tel: (609) 258-3365 Fax: (609) 258-6328 Office Hours: M-F 8:45am - 5pm Summer Hours: M-F 8:30am - 4:30pm

INSTRUCTIONS

Step 1. Type the information in the space below.

Step 2. Print the form.

Step 3. Sign the form.

Step 4. Fax to: **(609) 258-6328** or mail to: Office of the Registrar, 330 Alexander Street, 4th floor, Princeton, NJ 08544

* **There is no additional charge for an official printed transcript** * **We do not FAX transcripts**

You must sign this form.

Transcripts are generally mailed or are available for pickup within one business day following receipt of your request

The Registrar's Office will accept faxed requests for transcripts **ONLY IF faxed forms** carry **the signature** and student **University ID** or alumni **TigerNetID**.

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Email Address: _____

PUID or TigerNetID. # _____ **Today's Date:** ____/____/____ (month/day/year)

Signature (required): _____

Undergraduate Transcript **Undergraduate Class of** _____

Graduate Transcript **Other**

Total Number of Transcript(s) Ordered: _____ (Maximum: 10 per day)

A. I prefer to pick up my transcript(s) at the Office of the Registrar **No** **Yes** **Number of transcripts:** _____

B. Please specify the mailing address(es) where you want the transcripts sent. If you have more addresses, please complete another form.

Mailing Address 1	Mailing Address 2

Mailing Address 3	Mailing Address 4

Special Handling Instructions:

Place transcripts in individual envelope:

Other Instructions:

For expedited delivery, select Current Student Logon or Alumni Logon at <http://registrar.princeton.edu/student-services/transcript/>

reset form