

# PRINCETON UNIVERSITY TRANSCRIPT REQUEST FORM

*Office of the Registrar ♦ 101 West College, 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, 101 West College, Princeton, NJ 08544

\* **There is no charge for transcripts**      \* **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:**

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