



Transcript Request Form Instructions

Requesting a Transcript

In accordance with the Family Educational Rights and Privacy Act, only the individual that attended coursework at Jersey College may request a copy of his/her transcript or direct the release of a transcript to a third-party. Transcripts may be obtained by completing the Transcript Request Form and providing supporting documentation and payment.

To verify student identity, Jersey College requires students requesting transcripts to provide one (1) form of identification with their request. Acceptable forms of identification are: passports, birth certificates and driver's licenses. Where a student has changed his/her name and Jersey College has not previously received legal documentation detailing the name change, the student must also submit a copy of one of the following legal documents to verify the change in name -- marriage license/certificate, court order or divorce decree. Individuals are advised that transcripts will not reflect changes in legal names that occur after an individual leaves the college.

The signed Transcript Request Form, along with payment, proof of identification and proof of name change (if necessary) may be dropped off, faxed or mailed to a campus. All transcript requests must be signed. Unsigned transcript request forms will not be processed.

Transcript Fee of Form

There is a \$5 fee for each copy of a transcript except for an initial request for a transcript, for which there is no fee. Form of payment is credit card, money order or cash. No personal checks can be accepted for processing of transcript requests.

Where to Send Transcript Form and Fee

Transcript forms and fees should be mailed, faxed¹ or personally delivered to the campus that the individual attends or attended. Campus information is listed below:

Teterboro

546 U.S. Highway 46 West
Teterboro, NJ 07608
Phone: (201) 489-5836
Fax: (862) 354-6080

Jacksonville

8131 Baymeadows Circle West
Jacksonville, FL 32256
Tel: (904) 733-3588
Fax: (904) 733-3270

Ewing

1001 Spruce Street, Suite 7
Ewing, NJ 08638
Phone: (609) 777-9035
Fax: (609) 777-9034

Largo

2025 Indian Rocks Road
Largo, FL 33774
Tel: (727) 202-9191
Fax: (727) 201-0094

Fort Lauderdale

7775 West Oakland Park Boulevard
Sunrise, FL 33351
Tel: (954) 321-8890
Fax: (954) 321-8886

Tampa

3625 Queen Palm Drive
Tampa, FL 33619
Tel: (813) 246-5111
Fax: (813) 246-5125

Other Information

We will use reasonable efforts to process all transcripts within three to five business days. Please note that students must be in good financial standing with Jersey College in order to receive a transcript. If a student's account is not current, the transcript request will be denied.

¹ If transcript request form is faxed, you must complete the credit card authorization form for processing of the transcript fee.



Checklist for Transcript Request

- Transcript Request Form (Signed)
- One (1) Form of Identification (Passport, Birth certificate or driver's licenses)
- Change of Name -- Proof of Name Change if not previously provided to Jersey College (Marriage license/certificate, Court order or Divorce decree)
- \$5.00 Payment (money order, made payable to Jersey College, credit card (complete credit card form) or cash (if in person))

Drop off, fax or mail above documentation to your local campus at:

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Transcript Request Credit Card Authorization Form

Teterboro
Fax: (862) 354-6080

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Fax: (904) 733-3270

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Fax: (954) 321-8886

Tampa
Fax: (813) 246-5125

I authorize SSS Education, Inc. (dba Jersey College) to charge my credit card the following amount in connection with the issuance of a transcript:

\$ _____

Name (Please Print):		
Contact name (if business):	Phone Number:	
Address:		
City:	State:	Zip:

<i>Name and billing address as it appears on the credit card (if different than above):</i>		
Name:		
Address:		
City:	State:	Zip:

Select type of card:	<input type="radio"/> Visa	<input type="radio"/> Mastercard	<input type="radio"/> American Express
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Card Number:																Expiration Date:				
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3 or 4 Digit Security Code:				
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I promise to pay such amount as noted above subject to and in accordance with the agreement governing the use of such card.

Signature:	Date:
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JERSEY COLLEGE TRANSCRIPT REQUEST FORM

Complete this form and sign below. Please print clearly.

Student Information

Name: (First Middle Last Jr., etc.)			
Former Legal Name (if not same as current): (First Middle Last Jr., etc.)			
Address:	City:	State:	Zip Code:
Email address:			
Home Telephone: ()	Work Telephone: ()	Mobile (Cell) Telephone: ()	
Social Security #: - -	Date of Birth (MM-DD-YY): - -		

Note: If the name you provided above does not match Jersey College's records, you must submit a copy of one of the following legal documents detailing your name change: marriage license/certificate, court order, or divorce decree.

Program Information

Campus Attending/Attended (City and State)	Name of Program Attending/Attended		
Program Start Date (Month and Year)	Enrollment Status (check one) <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Leave <input type="checkbox"/> Graduate <input type="checkbox"/> Withdrawn	Graduation Date (Actual or Projected)	

Transcript Information

- OFFICIAL** Transcripts (for Employers and Educational Institutions) (Requestor may pick up **OFFICIAL** transcripts, but they must have a printed address – All **OFFICIAL** transcripts are mailed via USPS):

Attention:			Number of copies: _____
Address:			
City:	State:	Zip:	

- UNOFFICIAL** Transcripts (for students) Will pick up transcripts Mail transcripts to:

Attention:			Number of copies: _____
Address:			
City:	State:	Zip:	

I hereby affirm that I have read and reviewed all information in this form. In addition, I hereby affirm that all information supplied on this form by me is complete and accurate. I understand that giving false information may be shared with licensing bodies and subject me to disciplinary actions. According to the Family Educational Rights and Privacy Act (FERPA) a student's record may not be released unless written authorization has been provided to our institution by the student. By signing and dating the section below, you are allowing Jersey College to release your educational transcript. **If this form is not signed by the student, the request will not be processed or granted.**

Student's signature: _____ Date: _____

FOR OFFICE USE ONLY		
Verified by: _____	Date Processed: _____	Financially Cleared: <input type="checkbox"/> YES <input type="checkbox"/> NO