

TRANSCRIPT REQUEST FORM



- * This form is for College Acceleration Program (CAP) students, former students, and alumni who do not currently have access to BaronOne.
- * Current (non-CAP) students may order transcripts through BaronOne via Self-Service.
- * All students (current, CAP, and former) may now order transcripts through The National Student Clearinghouse (studentclearinghouse.org). A small convenience fee paid directly to the NSC will be charged.

Please read carefully:

1. Official Transcripts are printed on security paper and cannot be faxed or emailed.
2. The Registrar's Office requires an average of five (5) business days to process a request. This does not account for mailing and delivery time. During peak times (the beginning and end of each semester), please allow additional time for processing your request.
3. Transcripts will not be sent if your account has a financial hold. The Office of Student Accounts must release the hold in order for your request to be processed.
4. Transcript requests will not be processed without a **handwritten (wet)** signature. Signatures created electronically are not acceptable.
5. Students requesting transcripts to be sent to transcript processing centers such as CASPA, AMCAS, PTCAS etc. must provide any attachments at time of request.
6. Transcripts to other New Jersey schools will be sent electronically via NJTransfer when possible.

Please PRINT this form and email, fax, or mail the completed form to:

EMAIL:
registration@rcbc.edu

MAIL:
Rowan College at Burlington County
Office of the Registrar/Transcripts
900 College Circle, Mount Laurel, NJ 08054-9416

FAX:
(609) 726-0401

NAME _____ FORMER NAME(S) _____

STUDENT ID # _____ OR LAST 4 DIGITS OF SSN _____

PHONE # _____ EMAIL _____

Check box if you are *currently* a College Acceleration Program (CAP) student.
Please note: CAP grades may not be available until the beginning of August.

SIGNATURE _____ DATE _____

*In accordance with federal privacy laws, your **handwritten** signature is required for release of your academic records.*

Please print the name of the person or office where you would like your transcript sent. Please provide a complete mailing address. **Requests with incomplete/missing physical mailing addresses will not be processed.**

Special Handling:
Number of copies (*circle one*)

1 2 3 4 5

- Pick up
- Hold until grades available
- Hold until graduation

RECIPIENT NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____