

TRANSCRIPT REQUEST APPLICATION

Please print all information legibly.

All transcript inquires should be directed to cchampion@devry.edu or 732*729*3823

All financial hold inquires should be directed to lficalora@devry.edu or 732*729*3763

- All transcripts are processed by the Registrar's office, Room 222.
- Forms to request a transcript are in Room 222 in Academics. Hours are M-R 8:30am to 7:00pm F 8:30am to 5:00pm and Sat 9:00am to 1:00pm
- Fee is paid at the Cashier's window. Hours are: MTR 8:30am to 3:00pm and 4:30pm to 6:45pm, WF 8:30am to 3:00pm and Sat. 9:15am to 12:45pm. Cost is \$5.00 per copy.
- All transcript requests will be valid for one year.
- Transcripts which will be picked up must be done so within 30 days.
- Please allow 5-7 business days for processing from date received.
- Mailed payments must be check or money order only, no credit cards.
- No transcripts will be released if student has a hold on his or her account.
- Transcripts will be processed only for student who have attended DeVry New Jersey campuses.
- Transcripts will not be faxed under any circumstances.
- Incomplete mailing address for transcript recipient will not be mailed.

Last Name:		First Name:	
Address:			
City:	State:	Zip:	
SS or DSI #:		Date of Birth:	
Name during attendance if different than above:			
Daytime phone number:		Program:	
Years of attendance:		Number of Copies Requested:	
From:	To:		
<input type="checkbox"/> I would like an Official copy of my transcripts.	<input type="checkbox"/> I would like a Student copy of my transcripts.	<input type="checkbox"/> I will pick up my transcript.	
Please print the complete name and address where the transcript is to be mailed.			
Attn:			
Address:			
Apt or Building:			
City, State, and Zip:			
Student Signature:		Date:	

Please Mail Request to: Attn: Transcript Request, DeVry University, 630 US Highway One
North Brunswick, NJ 08902

Official use only:

\$5.00 Cash Check # _____ M/O# _____ Waived