



Transcript Request Form

Please complete this form in its entirety

STUDENT INFORMATION

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

Name at time of Enrollment (if different from above): _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ Estimated Dates of Attendance: _____

Address: _____

City, State, Zip Code: _____

Email Address for Confirmation: _____

RECIPIENT INFORMATION

Please send my official transcript to:

Name of Institution or Organization: _____

Contact Name or Department: _____

Address: _____

City, State, Zip Code: _____

I hereby grant permission for Pillar College to send my official academic transcript to the individual or institution named above (and, if applicable, charge my credit card listed below):

Signature Date # of Transcripts

PAYMENT INFORMATION

A fee of \$10 is required for each transcript requested. Please allow 7-10 business days for processing. Transcripts can be expedited for an additional charge of \$25 per recipient /address (includes two-day domestic shipping).

Note: Cash and credit card are the only accepted payment methods for expedited transcripts. Expedite my request

Please indicate payment method: Paid on Portal Cash Check Credit Card (check one):
 Visa MasterCard Discover American Express

Card # _____ Security Code: _____ Total Charge: \$ _____

Name of Cardholder: _____ Exp. Date: _____

(Pillar staff will recalculate if needed)

Please send transcript requests to:

Registrar, Pillar College, 60 Park Place, Suite 701, Newark, NJ 07102 or fax to: 973-556-1154.

- No transcript will be sent if there is an outstanding financial obligation to Pillar College.
- Telephone requests for official transcripts cannot be honored.
- Pillar College does not release transcripts or copies of transcripts from other institutions.

For office use only:

Cleared by Student Accounts: _____ Date: _____

Registrar or Academic Dean Signature Date Received Date Sent