



STUDENT ENROLLMENT SERVICES • MORRISON HALL 104
300 POMPTON ROAD • WAYNE, NEW JERSEY 07470-2103
973.720.3945 FAX 973.720.2095 • STUDENTSERVICES@WPUNJ.EDU
WWW.WPUNJ.EDU

TRANSCRIPT REQUEST FORM

Personal Information		
Last Name, First Name, MI	Previous Name(s)	Student 855#
Street Address	City	State/ZIP
Date of Birth	Currently Enrolled (check one) ____ Yes ____ No	Telephone: Cell:
Address Changes: Currently enrolled students may update their address through Wconnect. Alumni may visit https://www.wpunj.edu/alumni/pioneer-pride/ to update their address.	Reason for Transcript?	Graduation Date:
		Dates of Attendance:
Visit https://www.wpunj.edu/centerss/records/ for easy and convenient online request for next business day processing.		

Transcript Issued and Addressed to (one address per form – please check one):	
<input type="checkbox"/> PICK-UP	<input type="checkbox"/> MAIL
<input type="radio"/> Self <input type="radio"/> Other Individual Name: _____ • If you wish to have another individual pick up your transcript for you, you must write their name above. • You will receive an email when your transcript is ready. • Please bring photo ID at the time of pick-up.	<input type="radio"/> Self Name _____ Address _____ _____ _____ <input type="radio"/> Company/School Name _____ Address _____ _____ _____ Attn: _____

PROCESSING TYPE (please check all that apply)	RECORD TYPE (please check all that apply)
<input type="checkbox"/> Transcript Fee – Standard Delivery \$10.00 per copy Number of Copies: _____ <input type="checkbox"/> Transcript Fee + Express Mail Delivery (Domestic) \$37.90 <input type="checkbox"/> Reverse Transfer (As per the Office of Special Programs) <input type="checkbox"/> Transcript Voucher	<input type="checkbox"/> Undergraduate Record Only <input type="checkbox"/> Graduate Record Only <input type="checkbox"/> Both (only one fee for entire academic record)
Please make your check or money order payable to "WPU".	

Hold for (Check all that apply)
____ Semester Grades – Processed 3 weeks after the last day of the semester
____ Grade Adjustment
____ Degree Posted – Processed 6 weeks after the last day of each semester

Forward this request to:
William Paterson University
Student Enrollment Services
Morrison Hall, Rm 104
300 Pompton Road
Wayne, NJ 07470

In accordance with the Federal Family Educational Rights & Privacy Act (Public Law 93:380), I authorize the release of my academic records.	
Student Signature (required) _____	Date: _____

FOR OFFICE USE ONLY		
Amount Paid _____	Received By: _____	Entered By: _____
Received Date: _____	Mailed By/Date: _____	PRC <input type="checkbox"/>