



SCHOOL OF
OSTEOPATHIC MEDICINE

Office of the Registrar
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Phone (856) 566-7055
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TRANSCRIPT REQUEST FORM

INSTRUCTIONS: THIS FORM IS ONLY FOR ALUMNI/STUDENTS OF THE D.O. SCHOOL. Complete this form and submit to the Office of the Registrar at the address above. For alumni and former students only, there is a fee of \$5.00 for each official transcript. Make check or money order payable to Rowan University. The request will be processed only after the fee has been received. There is no charge for unofficial transcripts. Only unofficial copies of transcripts will be issued directly to students or graduates. Official transcripts are mailed directly to the agency, institution or organization listed below. No official transcript will be sent for anyone with any hold on their account. Please allow 8 business days for processing.

First Name _____ MI _____ Last Name _____

Other name while enrolled (if applicable) _____

Signature: _____ Date: _____

Rowan ID: _____

Mailing address: _____

Telephone: _____ E-mail: _____

() Check if Currently Enrolled Graduation Year: _____

Dates of Attendance: From: _____ To: _____

Purpose of Transcript: _____

Mail transcript to: (For multiple transcript requests, attach a list to the request form.)

____ Mail transcript immediately **OR** ____ Hold my request until _____

Number of **Official** Transcripts: _____ **and/or** Number of **Unofficial** Transcripts: _____

FOR OFFICE USE ONLY: Rec'd _____ Sent _____ Fee _____ Paid _____