



TRANSCRIPT REQUEST

Student Signature _____

PRINT YOUR NAME AND ADDRESS CLEARLY AND FIRMLY
(WINDOW ENVELOPE WILL BE USED)

NOTE: Separate request needed for each address. All financial obligations to SCTI must be satisfied before transcript is released.

OFFICIAL TRANSCRIPTS are signed and embossed with the SCTI seal. No transcript need be accepted unless received directly from the Office of the Registrar. Student copies do not bear the official seal of SCTI.

ALLOW ONE WEEK FOR PROCESSING.

MAIL TRANSCRIPT TO : (INCLUDE DEPARTMENT OR OFFICE AND ZIP CODE:)

COPIES: White: Registrar Yellow: Mailed with Transcript Pink: Student

SOMERSET COUNTY TECHNOLOGY INSTITUTE
STUDENT SERVICES
P.O. Box 6350 Bridgewater, NJ 08807
(908) 526-8900, ext. 7268 www.scti.org

TRANSCRIPT FEE: \$5.00

Date of Request: _____

SS#: _____

Program: _____

Year of Graduation or Withdrawal: _____

CHECK ONE :

- Send Transcript Now (or)
- Hold for Semester Grades
 FALL SPRING SUMMER
- CHECK HERE if you have received more than one diploma (or certificate) from SCTI
- If you have used any other name at SCTI, CHECK HERE and print:

OFFICE USE ONLY:

FEE PAID: _____
DATE SENT: _____

TR-03

