



OFFICE OF THE REGISTRAR

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OFFICIAL TRANSCRIPT REQUEST

- This request is for paper transcripts only. Electronic transcripts must be requested from our website.
- Please allow 3 to 5 business days for processing. Additional time may be needed during peak periods such as the start/end of a semester and during graduation.
- Paper transcripts cannot be emailed or faxed. If picking up your transcript, photo ID must be presented.

Last Name: _____ First Name: _____ MI: _____

Name Used When Enrolled at Ramapo College: _____

R# _____ OR Social Security Number (last 4 digits): _____

Current Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Email: _____ Telephone: _____

Reason for Request: Graduate School Employment Transfer Other: _____

Select One:

Mail Pick up

Hold for (check all that apply, if any):

Semester Grades:
 Fall (Jan.) Winter (Late Jan.) Spring (May) Summer 1 (July) Summer 2 (Aug.)

Degree Posting (I will be graduating in):
 Fall (January Conferral) Spring (June Conferral) Summer (August Conferral)

Please Mail Transcript to (additional addresses can be included in email along with form):

Number of Copies to this Address: _____ Number of Copies to this Address: _____

Name/Organization: _____ Name/Organization: _____

Attention: _____ Attention: _____

Address 1: _____ Address 1: _____

Address 2/Apt: _____ Address 2/Apt: _____

City: _____ City: _____

State: _____ Zip: _____ Country: _____ State: _____ Zip: _____ Country: _____

SIGN HERE

→ Signature: _____ Date: _____

Please submit completed form to transcript@ramapo.edu

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