

CRIMINAL JUSTICE TRAINING PROGRAMS  
TRANSCRIPT REQUEST FORM



**Please print this form and mail or fax it to the following:**

Criminal Justice Training Programs  
525 Gladfelter Hall  
1115 West Berks Street  
Philadelphia, PA 19122

Fax: (215) 204-2776

Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Former Name: \_\_\_\_\_

Class/Program ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 Digits of Student ID #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(In accordance with federal law, records cannot be released without a signed, written request from the student.)*

\_\_\_\_\_ Send Immediately    \_\_\_\_\_ Hold for Pickup

No. of Copies Requested: \_\_\_\_\_

Type of transcript requested:

\_\_\_\_\_ **Official** (The transcript is sent to a third party, such as an institution or employer.)

\_\_\_\_\_ **Official-Issued to Student** (The transcript will be sent in a sealed envelope, stamped that it should not have been opened by the student.)

\_\_\_\_\_ **Unofficial** (The transcript may be released directly to the student for personal use.)

Where would you like your transcript to be sent? (please print legibly)

\_\_\_\_\_

Name/Company/Institution/Agency

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

**Note:**

- A transcript cannot be issued if you have a Business Office Hold on your record.
- In accordance with federal law, records cannot be released without the written consent of the student.
- If you have questions regarding this form, please call the Business Office at (215) 204-8271.

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*For office use only:*

Date Transcript Mailed: \_\_\_\_\_ By Whom: \_\_\_\_\_