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    Fax: (215) 204-2776
1115 West Berks Street
Philadelphia, PA  19122

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.

CJTP-TRF Rev. 01/2008