



Office of the East Falls University Registrar
Email: TJU_EF_Registrar@jefferson.edu
Transcript Request Form (for Apostille)

Name: _____ Maiden Name: _____

Campus Key: _____ Date of Birth: _____

E-mail Address: _____ Home Phone: _____

Are you currently enrolled at Thomas Jefferson University?
___ Yes ___ No, Dates of Attendance: _____

Campus of Attendance: ___ Center City ___ East Falls ___ Other

Please indicate the number of transcripts per level that you are requesting:

Undergraduate: _____ Graduate: _____

Send Transcript(s): ___ Immediately upon receipt of request ___ After final grades are posted
___ After degree has been conferred

Please print the address where you would like to have your transcript(s) sent:

***Country for which documents are being prepared** _____

Include a department and/or contact person where applicable:

Signature: _____

Date: _____

**No request will be honored for those individuals with outstanding balances owed to
Thomas Jefferson University.**

Please include a check for \$50 made payable to Thomas Jefferson University with this form.

Thomas Jefferson University,
Office of East Fall University Registrar,
4201 Henry Ave. Archer Hall, Philadelphia, PA 19144