

*Registrar's Office*

**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.**

East Falls students (mail to):

Registrar's Office  
4201 Henry Avenue  
Philadelphia, PA 19144

Center City students (mail to):

1015 Walnut Street  
Curtis Building, Suite 115  
Philadelphia, PA 19107