

# TRANSCRIPT REQUEST

PURPOSE OF TRANSCRIPT REQUEST (Must check one to process):

FOR ACADEMIC REASONS: \_\_\_\_\_ FOR FINANCIAL AID: \_\_\_\_\_

Fees: \$25.00 per Transcript                      \$15.00 per additional copy

Methods of payment: Check, Money Order, Credit Card (**VISA, MASTERCARD ONLY**)

Turn around time: 2-3 weeks

**Complete and mail your request along with your choice of payment to:**

**CAPRI Corporate Management**

**ATTN: TRANSCRIPT REQUEST**

**615 Winters Avenue, Paramus NJ 07652**

(Checks and Money Orders are made payable to: CAPRI INSTITUTE)

(\*Required Information - PLEASE PRINT)

\*CAPRI Campus you graduated at: \_\_\_\_\_ Campus  
\*Last Name, at time you attended: \_\_\_\_\_  
\*Current Last Name, if different: \_\_\_\_\_  
\*First Name: \_\_\_\_\_  
\*Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\*City: \_\_\_\_\_  
\*State: \_\_\_\_\_  
\*Zip Code: \_\_\_\_\_  
Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
\*Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_  
\*Email Address: \_\_\_\_\_@\_\_\_\_\_  
\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*If transcripts are to be sent to a third party, please complete below:*

Agency/Employer/Institution Name: \_\_\_\_\_  
To the attention of: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

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Credit Card Number: \_\_\_\_\_  
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**YOU MUST SIGN YOUR NAME & DATE THIS FORM IN ORDER FOR YOUR REQUEST TO PROCESS:**

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
DATE

*Please state any additional requirements below:*