



NJ Department of Corrections

Division of Recruitment, Training, and Professional Development

P.O. Box 438

Sea Girt, NJ 08750

transcripts@doc.nj.gov

Correctional Staff Training Academy

Transcript Request Form

please complete all sections of this form. all completed requests including signature must be mailed or emailed to the addresses provided above.

Please allow five to seven days for processing.

FULL NAME (WHILE ATTENDING THE ACADEMY)

EMAIL ADDRESS: LAST 4 SSN: PHONE:

DATE OF BIRTH: CLASS NUMBER:

ACADEMY START DATE: END DATE:

SEND TRANSCRIPT TO:

Transcript may be mailed or emailed, please choose which you prefer: Mail EMAIL

CONTACT INFORMATION OF SCHOOL, ORGANIZATION OR OWN NAME IF REQUESTING FOR YOURSELF:

NAME:

ATTENTION:

ADDRESS:

CITY, STATE

EMAIL ADDRESS:

By signing below, I certify under penalties of perjury in accordance with 2C:21-1, that I am the current/former trainee requesting my records. My signature also indicates that I acknowledge I am accountable for releasing my personal information and in no event will NJDOC be held liable for the transmittal of my personal information. Pursuant to the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record to me and/or the recipient indicated above.

SIGNATURE: _____

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