Transcript and Immunization Records Request

Upon receipt of your application, the Admission Committee will request a copy of your transcript and immunization records from your high school.

I hereby request the Guidance Department of my high school to send my transcript and immunization records to Berkeley College.

Please print

Name (while in high school) _____

Name (if different from above) _____

Current Address _____ City _____ State _____ ZIP _____

Telephone _____ Email _____

Date of Birth _____ Social Security Number | | | | - | | | - | | | | |

High School _____ School Counselor _____ Year Graduated _____

Signature _____ Date _____

Thank you for your prompt response to this request.

Mail to:
Berkeley College
PO Box 440
Little Falls, NJ 07424

Berkeley College®

BerkeleyCollege.edu • info@BerkeleyCollege.edu

©Copyright 2015 Berkeley College