



Transcript Request Form

Fax with credit card information to: **OR**
973-278-1892

Mail with check or money order to:
Berkeley College
The Office of the Registrar
44 Rifle Camp Road
Woodland Park, NJ 07424

Current Name: _____

Name While Attending Dover: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Dover Student ID or Social Security Number: _____

Date of Birth: _____

Campus Attended: _____

Graduated: Yes No

If Yes, Date Graduated: _____

If No, Approximate Dates of Attendance: _____

Program of Study: _____

Address Where Transcript Should Be Mailed: **(include department or person)**

Signature

Date

=====

Credit Card Authorization Form

1. Student Information:

Student's name: _____

College ID: _____ Campus: _____

Division (circle one): Day or E/W Term payment to be applied: _____

II. Credit Card Information:

Type of card: (Circle one) Visa Mastercard Discover American Express

CREDIT CARD # _____ / _____ / _____ / _____

EXPIRATION DATE _____ / _____ Verification Code* _____ (Visa, MC & Discover-last 3 digits on back;
Amex-4 digits on the front)

Amount to be charged: \$ _____

Cardholder Name: _____

Cardholder's Signature _____

Mailing Address: _____ (Street Address, Apt. #)

_____ (City, State, Zip Code)

Phone Number: _____ (Home)

_____ (Work)

III. Information for Office Use:

Information Received by: _____ Date: _____

Transaction Processed by: _____ Date: _____

Authorization Code: _____