



The University of Law and Technology

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[www.tuolat.org](http://www.tuolat.org)

## **TUOLAT GUIDE TRANSCRIPPT REQUEST**

Return this form to [admissions@tuolat.org](mailto:admissions@tuolat.org) Payments will be needed once the form has been processed by TUOLAT Admissions Department. Please allow 24-48 hours for form processing. Allow an additional 24-48 hours for payment processing.

\*\*\*\*\*Any TUOLAT student with an academic probation hold would need the approval from TUOLAT Guidance for transcript release. Please reach out to [guidance@tuolat.org](mailto:guidance@tuolat.org) for further assistance.

## **Admissions**

TUOLAT Admissions Office is dedicated to assisting with your academic needs such as registration, transcript requests, letters of verification, updating contact information, exam accommodations, graduation preparation, and state bar character and fitness verifications, just to name a few. Please feel free to contact TUOLAT Admissions office if you are requiring additional information.

## **Official Transcript Fee \$15.00\***

Please use the form below to request official and unofficial transcripts. The fee for Official Transcripts is \$15.00 per transcript. Transcript fees may be paid via PayPal using a credit or debit card. Please note the request form if you wish to pay via PayPal. A PayPal account is not required.

# TUOLAT Transcript Request Form

**Note: Students with holds on their account will not receive official transcripts until holds are cleared.**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ TUOLAT Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden/Former Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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## WHAT are you requesting? (Check all that apply)

# of Official: \_\_\_\_\_ # of Unofficial \_\_\_\_\_

## WHEN should we mail the transcript?

Send now \_\_\_\_\_ Hold for semester grades \_\_\_\_\_ Hold for degree posting \_\_\_\_\_

## HOW would you like it delivered?

Pick up now: \_\_\_\_\_ Fax to: \_\_\_\_\_

Can be released to: (With proper ID) \_\_\_\_\_

Mail to: (Overnight transcripts **CANNOT** be mailed to a PO Box.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Attn: (If Applicable) \_\_\_\_\_

Attn: (If Applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

<b>For Overnight Service ONLY:</b> <b>\$75.00 per transcript. Request must be received by 3:30pm for same day processing.</b>	
Credit Card Number:	_____ - _____ - _____ - _____
Expiration Date:	_____/____/_____ CCV#: _____
Card Holder's Name:	_____
Billing Address:	_____
City/State/Zip:	_____
Phone Number:	_____

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**Additional processing time may be required:  
during holidays, final grade processing, at the end of each semester, and/or unforeseen system problems**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Admissions Office Use Only