

CRIMINAL JUSTICE TRAINING PROGRAMS  
ACADEMY TRANSCRIPT REQUEST FORM



Please complete this form and mail it along with a \$25.00 records processing fee, payable to:

Temple University Criminal Justice Training Programs (CJTP)  
Academy Transcript Request Enclosed  
122 West Hall  
580 Meetinghouse Road  
Ambler, PA 19002

Name: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
Address: \_\_\_\_\_ Academy Class#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Program Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell/Phone #: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(In accordance with federal law, records cannot be released without a signed, written request from the requestor.)*

\_\_\_\_\_ Send Immediately \_\_\_\_\_ Hold for Pickup

No. of academy transcripts requested: \_\_\_\_\_ *(Note: Fee includes 1 original transcript & first class postage.)*

Type of academy transcript requested:

\_\_\_\_\_ **Official** (The record is sent to a third party, such as an institution or employer.)

\_\_\_\_\_ **Official-Issued to Requestor** (The record will be sent in a sealed envelope, stamped that it should not have been opened by the requestor.)

\_\_\_\_\_ **Unofficial** (The record may be released directly to the requestor for personal use.)

Where would you like your academy transcript to be sent? *(Please print legibly.)*

\_\_\_\_\_  
Name/Department/Institution/Agency

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City, State, Zip Code

Terms and conditions:

- An academy transcript cannot be issued if you have a Business Office Hold on your record.
- Checks/money orders made out to "Temple University CJTP" must accompany all requests.
- In accordance with federal law, records cannot be released without the written consent of the requestor.
- If you have questions regarding this form, contact the Academy Office at (267) 468-8600 or cjtp@temple.edu.

*For office use only:*

Date Rec'd: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Processed By: \_\_\_\_\_