



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Marriage and Family Therapy Examiners

Alcohol and Drug Counselor Committee

P.O. Box 45040

Newark, New Jersey 07101

(973) 273

Academic Degree Verification
(Only for Licensed Clinical Alcohol and Drug Counselor Applicants)

Applicant's name (please print): _____

Name appearing on transcripts or diplomas (if different from above):

Social Security number of applicant: _____

College/university _____

Degree awarded: _____ Major: _____

Date degree was granted: _____

I hereby authorize the college or university above to forward a certified copy of my transcript directly to the:

State Board of Marriage and Family Therapy Examiners

Alcohol and Drug Counselor Committee

124 Halsey Street, 6th Floor

P.O. Box 45040

Newark, NJ 07101

Note: Applicants should send this form directly to the college/university with the fee required by the college or university. The application process cannot proceed until we receive the official transcript.

Date : _____

Applicant's name (please print): _____

Applicant's signature: _____

Applicant's address _____