



East Brunswick High School

East Brunswick, New Jersey

REQUEST FOR TRANSCRIPT – FORMER STUDENTS
(PLEASE ALLOW TEN (10) BUSINESS DAYS TO PROCESS APPLICATIONS)

Name	
Name at Graduation/Withdrawal (if different)	
Date of Birth	
Date of Graduation/Withdrawal	
Current Home Address	
Current Telephone Number	
Date Needed	
Transcript Fee (Unofficial and Official)	# of transcripts requested _____ x \$3.00 = _____ <u>Payable in cash or money order only</u> <u>NO PERSONAL CHECKS PLEASE</u> Cash will be accepted if paperwork is brought directly to EBHS Please make money orders payable to EBHS

_____ I would like an **UNOFFICIAL TRANSCRIPT** for my personal use to be sent to the above home address.

_____ I would like an **OFFICIAL TRANSCRIPT** to be sent to the following:
PLEASE BE SURE TO INCLUDE COMPLETE ADDRESS.

I understand I have the option to delete from such release any disciplinary records maintained by the school district. I choose to delete the following disciplinary records from this release:

I, the undersigned, acknowledge and approve the release of pertinent school records to the institution(s) indicated above.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____	STAFF INITIAL: _____
CASH/MONEY ORDER: _____	AMOUNT PAID: _____
DATE MAILED/PICKED UP: _____	STAFF INITIAL: _____