



PUBLIC SCHOOLS OF EDISON TOWNSHIP
GRADUATE TRANSCRIPT REQUEST FORM

DATE _____

PRINT NAME: _____

NAME AS IT APPEARED ON DIPLOMA: _____
(Example: Maiden Name)

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

YEAR OF GRADUATION: _____ NON GRADUATES, LAST YEAR OF ATTENDANCE: _____

SEND TRANSCRIPT TO:

NAME OF SCHOOL/BUSINESS: _____

SCHOOL/BUSINESS ADDRESS: _____

NAME OF SCHOOL/BUSINESS: _____

SCHOOL/BUSINESS ADDRESS: _____

MAIL FORM TO EDISON HIGH SCHOOL 50 BOULEVARD OF EAGLES, EDISON, NJ 08817
ATTENTION: SCHOOL COUNSELING DEPARTMENT. ALONG WITH THIS FORM, YOU MUST
INCLUDE A LEGIBLE COPY OF YOUR PHOTO ID, A \$5.00 PROCESSING FEE, CHECK, CASH OR
MONEY ORDER IS ACCEPTABLE FORMS OF PAYMENT.

PERMISSION IS GRANTED TO EDISON HIGH SCHOOL COUNSELING DEPARTMENT TO
RELEASE A TRANSCRIPT OF MY PUPIL RECORDS TO THE ABOVE NAMED SCHOOL(S),
AGENCIES OR BUSINESSES.

SIGNATURE OF PAST GRADUATE: _____

For Office use only

FEE PAID _____

TRANSCRIPT SENT: _____ (MAIL / FAX)

OFFICIAL
UNOFFICIAL