



Henry P. Becton Regional High School
Guidance Department

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ALUMNI TRANSCRIPT RELEASE FORM

Please fill out completely and return to the Guidance Department by fax or mail.

Date of Request: _____

Name: _____
(Please indicate both maiden name and married name (if applicable))

Address: _____

Phone #: _____

Year of Graduation or Withdrawn Date: _____

Name and address to which transcript will be sent:

Signature of former student: _____

OFFICE USE ONLY

Date transcript sent: _____

Transcript sent by: _____