

TRANSCRIPT REQUEST FORM
RETURN VIA EMAIL/MAIL BY FRIDAY, July 31, 2020

_____ **I DO NOT** wish for a transcript of my child's summer school work to be sent to their school.

_____ **I DO** wish for a transcript of my child's summer school work to be sent to their school. Give name and address of school here:

NAME OF SCHOOL: _____

COUNSELOR (if known): _____

ADDRESS OF SCHOOL: _____

CITY/STATE/ZIP: _____

NAME OF STUDENT: _____

PARENT NAME (PRINTED): _____

PARENT SIGNATURE: _____

DATE: _____

NOTE: The Peddie Summer School cannot release transcripts and grades without written permission. If you change your mind after submitting this form, call us at 609-490-7520. Our FAX number is 609-944-7983.

Parents/Guardians you will NOT receive a copy of this transcript.

You will receive a final grade report instead.

If you do not submit this form no transcript will be sent.

RETURN THIS FORM VIA EMAIL TO: Transcript@summer.peddie.org

OR MAIL TO:

Dr. David Martin

201 South Main Street

Hightstown, NJ 08520