



# Bridgewater-Raritan Regional High School

Department of School Counseling  
600 Garretson Rd, P. O. Box 6569, Bridgewater, NJ 08807-0030  
Phone (908)231-8660 Fax (908) 253-9480

## GRADUATE TRANSCRIPT/IMMUNIZATION RECORD RELEASE FORM

PLEASE PRINT:

Date: \_\_\_\_\_

LAST NAME	FIRST NAME	MI	MAIDEN NAME
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If you graduated/withdrew prior to 1992, please check East or West:

Graduated \_\_\_\_\_ (Year)       East       West

Withdrew \_\_\_\_\_ (Year)       East       West

Phone number where I can be reached: \_\_\_\_\_

I hereby authorize my transcript to be released to the address below. If transcript is being mailed to a college/university, **PLEASE INCLUDE COLLEGE/UNIVERSITY NAME AND FULL ADDRESS**. One (1) college/university per form.

\_\_\_\_\_  
\_\_\_\_\_

Please include a copy of my immunization record with my transcript.

I only need a copy of my immunization record mailed to the above address.

Please email me a copy of my immunization record. My email address is:

\_\_\_\_\_ (PLEASE PRINT CLEARLY)

### NO FEE

(Please allow 3 days prior notice. For transcripts prior to 1983, please allow 5 days prior notice.)

**If you want your transcript mailed, please send this completed form to:**

**Paula Clark, Main Counseling Office**  
**Bridgewater-Raritan High School**  
**600 Garretson Rd, PO Box 6569**  
**Bridgewater, NJ 08807**  
[pclark@brrsd.k12.nj.us](mailto:pclark@brrsd.k12.nj.us)  
**908-231-8660 Ext. 477201**

\_\_\_\_\_  
Signature of Student

**Main Counseling Office Use Only**

Date Mailed: \_\_\_\_\_