



Bridgewater-Raritan Regional High School

Department of School Counseling
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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 (e)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 records. My email address is:

_____ (PLEASE PRINT CLEARLY)

NO FEE

(Please allow 5 days prior notice. For transcripts prior to 1983, please allow 2-3 weeks prior notice.)

If you want your transcript (e)mailed, please send this completed form to:

Paula Clark, Main Counseling Office
Bridgewater-Raritan High School
pclark@brrsd.k12.nj.us

Signature of Student

Main Counseling Office Use Only

Date Mailed: _____