



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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Email address: _____ (PLEASE PRINT CLEARLY)

If you graduated/withdrew prior to 1992, please check East or West:

Graduated _____ (Year) East West

Withdrew _____ (Year) East West

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

Transcript

Immunization record

NO FEE - Allow 5 days for processing. For transcripts prior to 1983, allow 2-3 weeks for processing.

Email this completed form to:

hsguidance@brrsd.k12.nj.us

DIPLOMA REQUEST Include your email for approval: _____

Diploma Request: Please call Jostens 973-403-8755 or email provostsquare@jostens.com and dennis.mamchur@jostens.com

The fee is \$45.00 and you will have the option to pay by phone. Diplomas usually take 4-6 weeks.

Signature of Student

Main Counseling Office Use Only

Date Mailed: _____