



**Mountain Lakes High School
School Counseling Department
96 Powerville Road • Mountain Lakes, New Jersey
(973) 334-8580 Fax (973) 334-3550**

GRADUATE TRANSCRIPT REQUEST FORM

Date:	*
Name:	*
Date of Birth:	*
Email Address:	*
Year of Graduation:	*
<u>Send Records To</u>	Please indicate if you would like documents MAILED or EMAILED Circle one
Organization Name:	*
Address (if mailed):	*
City, State, Zip:	*
Attention To (if applicable):	*
Email Address:	*

Please note: SAT scores and/or ACT scores are not part of the record and are not forwarded as part of the transcript. It is the responsibility of the student to have test scores sent directly by the test agency to colleges, scholarships, etc.

PERMISSION IS GRANTED TO MOUNTAIN LAKES HIGH SCHOOL COUNSELING DEPARTMENT TO RELEASE A TRANSCRIPT OF MY PUPIL RECORDS TO THE SCHOOLS/AGENCIES LISTED ON THIS REQUEST.

Signature of Student: _____

Requests may take up to seven days to process

Completed forms should be sent to Zorica Alcott at zalcott@mlschools.org