

NORTH ARLINGTON PUBLIC SCHOOLS

School Counseling Department

222 Ridge Road

North Arlington, NJ 07031

Phone: (201) 991-6800 ext. 2053

Fax: (201) 246-0506



Lauren Buckley

Supervisor of Guidance (Pre-K-12)

Alumni Transcript Record Release

I, the undersigned, hereby authorize North Arlington High School to release a copy of the appropriate transcript records.

Name (Please print) _____

Address _____

City, State, Zip _____

D.O. B. _____

Dates attended NAHS _____ Contact PH# _____

Graduation Year _____

Signature (Required) _____ Date _____

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Kindly forward the above requested information to:

Name _____

Address _____

City, State, Zip _____

Fax# _____

*Checks must be made payable to **NORTH ARLINGTON BOARD OF EDUCATION**

\$5.00

****NO CHARGE FOR UP TO TWO YEARS AFTER GRADUATION.****

Pride ♦ Loyalty ♦ Desire