

**PARK RIDGE HIGH SCHOOL
GUIDANCE DEPARTMENT**

TRANSCRIPT RELEASE FORM FOR GRADUATED STUDENTS

Student Name _____ Date _____

Last Name while attending Park Ridge High School, if different _____

Year of Graduation _____ D.O.B. _____ Phone _____

Full Name of College
or Institution _____

Email Address _____
or
Mailing Address _____

City, State, Zip _____

Application Deadline _____

Student Signature _____

IN ORDER TO OBTAIN YOUR TRANSCRIPT, PLEASE SELECT AN OPTION BELOW:

Pick up in Person Email to College/Institution Mail to College/Institution

A Designee will pick up my transcript Designee's Name _____

Email to Student Student's Email _____
(Please note, only an Unofficial Transcript can be emailed to student)

A VALID PHOTO ID IS REQUIRED FOR ALL TRANSCRIPT REQUESTS

A completed form(s) and Photo ID copy can be submitted via mail, email or fax:
Mailed to Park Ridge High School – Attn: Mrs. Weldon, 2 Park Avenue, Park Ridge, NJ 07656
Emailed/Scanned – kristinaweldon@parkridge.k12.nj.us
Fax – 201-930-4874

*A Transcript Release Form must be completed for each individual school/institution to which you are applying.
State and Federal Laws prohibit release of Academic Records without written permission of the student involved.*