



THE EWING PUBLIC SCHOOLS
Ewing High School

COUNSELING OFFICE, Extension 2112
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TRANSCRIPT/RECORDS RELEASE
For FORMER Ewing High School Students

- Transcript/Records Release processed in order of receipt
- **ALLOW UP TO 10 BUSINESS DAYS TO PROCESS**

1. PLEASE PROVIDE YOUR NAME EXACTLY AS IT WAS WHILE ATTENDING EWING HIGH SCHOOL

FIRST NAME: _____ LAST NAME: _____

Date of Birth: _____ Phone Number: _____

Current Home Address: _____

Email Address: _____

PLEASE SEND UNOFFICIAL RECORDS TO MY EMAIL ADDRESS ABOVE: YES NO

2. PLEASE ENTER THE EXACT YEAR OF ONE OF THE FOLLOWING:

Year of Graduation: _____ *or* Year of Transfer: _____ *or* Year of Withdrawal: _____

3. PLEASE SEND THE FOLLOWING OFFICIAL RECORDS via Mail or E-mail

To: _____
(Provide name of college/university/employer, etc. to where you wish official transcript to be sent)

Transcript Standardized Test Scores Health/Immunization Records

Street Address: _____

To the Attention of (when appropriate): _____

City: _____ State: _____ Zip: _____

Email address for college/university/employer to email official transcript: _____

4. MUST INCLUDE A COPY OF YOUR PHOTO ID

If you approve the release of the aforementioned information, please sign below and return this form to the Ewing High School Counseling Office promptly in order to begin the processing period (up to 10 days).

"I approve the release of the requested information."

Signature

Today's Date