



East Brunswick High School

East Brunswick, New Jersey

REQUEST FOR TRANSCRIPTS – FORMER STUDENTS
(PLEASE ALLOW UP TO TEN (10) SCHOOL DAYS TO PROCESS REQUESTS)

Full Name	
Name at Graduation / Withdrawal	
Date of Birth	
Date of Graduation / Withdrawal	
Current Phone Number	

Check All That Apply (For additional space, use the back of this form or attach additional sheets):

UNOFFICIAL TRANSCRIPT to be mailed or e-mailed to the NAME and ADDRESS below.

OFFICIAL TRANSCRIPT to be mailed or e-mailed to the NAME and ADDRESS below.

(Please note that **official** transcripts can only be e-mailed to **institutions** that accept official copies in digital form. It cannot be e-mailed to you as it otherwise needs to be received in a sealed & unopened envelope.)

Processing Fee: \$3.00 per copy requested. Payable in CASH or MONEY ORDER only.

NO PERSONAL CHECKS

Number of Unofficial Copies Needed: _____ Number of Official Copies Needed: _____

Total Dollar Amount Enclosed: _____

I, the undersigned, acknowledge and approve the release of pertinent school records to the institution(s) and/or individual(s) noted on this request.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: ____/____/____

DATE COMPLETED: ____/____/____

CASH or MONEY ORDER? (Circle One)

AMOUNT PAID: _____

STAFF INITIAL: _____