SCOTCH PLAINS-FANWOOD HIGH SCHOOL
Counseling Department
667 Westfield Road
Scotch Plains, NJ 07076
Email: tcarvalho@spfk12.org

POST-GRADUATE TRANSCRIPT REQUEST FORM

Federal and State Law prohibit the release of pupil records without parent or adult student written authorization. The school cannot release records without this written permission.

- Date of Request: _____
- Student Name: _____
- Maiden Name (If Married): _____
- Year of Graduation: _____ or Last year attended: _____
- Phone number or email: _____

ALLOW 3 DAYS FOR YOUR REQUEST TO BE PROCESSED

- **Check one or all that apply:**
  - OFFICIAL TRANSCRIPT _____
  - UNOFFICIAL TRANSCRIPT _____
  - IMMUNIZATION RECORDS _____
- SEND RECORDS TO: Names and addresses of schools/organizations:

_____

_____

_____

_____

Test scores of the College Board (SAT I & II) or the American College Test (ACT) 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, trade schools, etc.

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

SIGNATURE OF STUDENT OR PARENT: _____

Note: Any other organizations, agencies, and persons from outside the school must secure written authorization for the release of such transcripts.