



# East Brunswick High School

East Brunswick, New Jersey

**Request for Transcripts – Former Students**  
*(Please allow up to ten (10) School Days to Process Request)*

Full Name	
Name at Graduation/Withdrawal	
Date of Birth	
Date of Graduation/Withdrawal	
Current Phone # and Address	
Email Address	

Check **ALL** that apply (For additional space, use the back of this form or attach additional sheets):

☐

**UNOFFICIAL TRANSCRIPT** to be mailed or emailed to the NAME and ADDRESS below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐

**OFFICIAL TRANSCRIPT** to be mailed or emailed to the NAME and ADDRESS below:

(Please note that **official** transcript(s) can only be emailed to institutions that accept official copies in digital form. It cannot be emailed to you as it otherwise needs to be received in a sealed and 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 institutions(s) and/or individual(s) noted on this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received via: Drop-off / Email / Fax / Mail / Phone

Cash or Money Order? (Circle One)

Staff Initial: \_\_\_\_\_