



The Community High School  
1135 Teaneck Road Teaneck, New Jersey 07666  
(201) 862-1796 Fax: (201) 862-1791

## TRANSCRIPT RELEASE REQUEST

To Parents: Complete this form and submit it to your child's present school.

### AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS TO COMMUNITY HIGH SCHOOL

In accordance with regulations regarding the privacy rights of parents and students, the undersigned hereby consent to the immediate release to Community High School of educational records, including official transcripts, current grades in courses, and educational, psychological and diagnostic evaluations.

Student: \_\_\_\_\_ Current grade: \_\_\_\_\_  
(Print) (Last) (First) (Middle)

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

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

### TO PRINCIPAL/GUIDANCE COUNSELOR/REGISTRAR:

The above named student has made application for admission to Community High School. We would appreciate your promptly sending the following information:

- An official transcript of the student's academic record to date, including grades for courses in progress.
- All educational, psychological and diagnostic evaluations.