



THE EWING PUBLIC SCHOOLS
Ewing High School

COUNSELING OFFICE, Extension 2112
ehscounseling@ewingboe.org

900 Parkway Avenue, Ewing NJ 08618-2390
Phone 609-538-9800 Fax 609-771-9132
www.ewing.k12.nj.us

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. 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: _____

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

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

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

3. SEND THE FOLLOWING OFFICIAL RECORDS via Email-preferred method ☐ or mail ☐
Official Transcript can ONLY be sent to another institution (college, employer, scholarship etc)

To: _____

(Name of college/university/employer, etc. to where you wish official transcript to be sent)

Transcript ☐

Standardized Test Scores ☐

Health/Immunization Records ☐

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

To the Attention of (when appropriate): _____

Street Address: _____ City: _____ State: _____ Zip: _____

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

The Ewing Public Schools

Providing a Foundation for Life