



East Brunswick High School

380 Cranbury Road, Counseling Department
East Brunswick, New Jersey 08816

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):

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

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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: _____

<u>FOR OFFICE USE ONLY</u>	
Date Received: ____/____/____	Amount Paid: \$_____
Date Completed: ____/____/____	Received via: Drop-off / Email / Fax / Mail / Phone
Cash or Money Order? (Circle One)	Staff Initials: _____