KEANSBURG PUBLIC SCHOOLS
140 PORT MONMOUTH ROAD
KEANSBURG, NJ 07734-1999
(732) 787-2007 ext 4200
KEANSBURG HIGH SCHOOL TRANSCRIPT REQUEST

Date:_____

Name that I had when I attended school:_____

Date of Birth:_____

Month & Year the I Graduated:_____

Where do you want the transcript sent:

_____

_____

(Complete address/town/state & zip code must be provided)

Phone number you can be reached at:_____

A copy of your ID must be attached, no document can be sent without ID.
Driver's License, etc.

I, _____ Give Keansburg High School permission to release my transcript.

_____
Signature

Mail with a copy of the attached proper identification to:

Keansburg High School
140 Port Monmouth Road
Keansburg, NJ 07734
ATTN: TRANSCRIPT
or
Email: nmurray@keansburg.k12.nj.us
ldimartino@keansburg.k12.nj.us

Date KHS Guidance sent this out _____