

**SCOTCH PLAINS-FANWOOD HIGH SCHOOL**

**Counseling Department**

667 Westfield Road

Scotch Plains, NJ 07076

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**POST-GRADUATE TRANSCRIPT REQUEST FORM**

Federal and State Law prohibit the release of pupil records without parent or adult student written authorization. The school cannot release records without this written permission.

- Date of Request: \_\_\_\_\_
- Student Name: \_\_\_\_\_
- Maiden Name (If Married): \_\_\_\_\_
- Year of Graduation: \_\_\_\_\_ or Last year attended: \_\_\_\_\_
- Phone number or email: \_\_\_\_\_

ALLOW 3 DAYS FOR YOUR REQUEST TO BE PROCESSED

● **Check one or all that apply:**

- OFFICIAL TRANSCRIPT \_\_\_\_\_
- UNOFFICIAL TRANSCRIPT \_\_\_\_\_
- IMMUNIZATION RECORDS \_\_\_\_\_

● SEND RECORDS TO: Names and addresses of schools/organizations:

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Test scores of the College Board (SAT I & II) or the American College Test (ACT) are **not** part of the record and are not forwarded as part of the transcript. It is the responsibility of the student to have test scores sent directly by the test agency to colleges, trade schools, etc.

**PERMISSION IS GRANTED TO SCOTCH PLAINS-FANWOOD HIGH SCHOOL COUNSELING DEPARTMENT TO RELEASE A TRANSCRIPT OF MY PUPIL RECORDS TO THE SCHOOLS/AGENCIES LISTED ON THIS REQUEST.**

**SIGNATURE OF STUDENT OR PARENT:** \_\_\_\_\_

**Note: Any other organizations, agencies, and persons from outside the school must secure written authorization for the release of such transcripts.**