

SCOTCH PLAINS-FANWOOD HIGH SCHOOL Counseling Department

POST-GRADUATE TRANSCRIPT REQUEST FORM

667 Westfield Road

Scotch Plains, NJ 07076

908-889-8600 Fax: 908-663-2040

Email: tcarvalho@spfk12.org

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: _____ For Non-Graduates/Last year of Attendance: _____
- Phone number where you can be reached: _____
- There is a \$5.00 charge for *each* transcript to be processed, payable by check or money order made payable to SPF BOE.

- 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:

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.