HANOVER PARK HIGH SCHOOL CURRENT STUDENT TRANSCRIPT REQUEST FORM

63 Mt. Pleasant Avenue ♦ East Hanover, New Jersey 07936 ♦ 973-887-8137

IMPORTANT:

- Please allow 2-5 days for your transcript to be processed.
- Upon completion, bring this form to the Counseling Department.
- All transcript requests must be done in writing.

The following information	on is <u>REQUIRED</u> in order to facilitate the pr	rocessing of your transcript. PLEASE PRINT				
Street Address: City/		t Name: /Town/Zip: de				
				***************************************	Park High School to release my child's transcrip	
Parent Signature		Date				
Please check the <u>reason</u>	Write the name and address of the school, busing					
for your transcript request.	individual you would like your transcript to be i					
Date:	to the second se	☐ Official Transcript				
Requested for		U Onomicial Hanscript				
☐ Summer Program		□ Sealed Envelope				
☐ College☐ Scholarship		☐ Issued to Student:				
☐ Scholarship☐ Employer		☐ Mailed:				
☐ Personal Records		☐ Faxed:				
Date:		☐ Official Transcript				
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