HANOVER PARK HIGH SCHOOL GRADUATE/FORMER 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, mail this form to the Counseling Department or submit it via fax, 973-887-0268.
- All transcript requests must be done in writing.

The following information	n is <u>REQUIRED</u> in order to facilitate the process	ing of your transcript. PLEASE PRINT!	
☐ HPHS Graduate Cla	ass of		
STUDENT INFORMATI	ON (while at HPHS)		
Last Name (Maiden):	First Nar	First Name:City/Town/Zip:	
Street Address:	City/Tow		
CURRENT CONTACT II	NFORMATION (if different from the above):		
Last Name:	First Nar		
Street Address:	City/Tow		
Phone Number:			
*I authorize Hanover	Park High School to release my transcript inform	ation to the party(ies) listed below.	
	Signature	Date	
Please check the <u>reason</u> for your transcript request.	Write the <u>name and address</u> of the school, business, or you would like your transcript to be issued to.	or individual <u>FOR COUNSELING USE ONLY</u>	
Date:		☐ Official Transcript	
Requested for		☐ Unofficial Transcript	
☐ Summer program		☐ Sealed Envelope	
☐ College		☐ Issued to Student:	
☐ Scholarship☐ Employer			
☐ Personal Records		☐ Faxed:	
Date:		☐ Official Transcript	
Requested for		□ Unofficial Transcript	
☐ Summer Program		☐ Sealed Envelope	
□ College□ Scholarship		issued to student.	
□ Employer			
 Personal Records 		□ Faxed:	
Date:		☐ Official Transcript	
Requested for		☐ Unofficial Transcript	
☐ Summer Program		☐ Sealed Envelope	
□ College		☐ Issued to Student:	
☐ Scholarship☐ Employer	1.		
☐ Personal Records		☐ Faxed:	
Date:		☐ Official Transcript	
Requested for		☐ Unofficial Transcript	
☐ Summer Program		☐ Sealed Envelope	
☐ College☐ Scholarship	1.0.0.000000000000000000000000000000000	Issued to Student:	
☐ Employer			
☐ Personal Records		□ Faxed:	