

# Transcript Request Form

To request a transcript from Kearny High School, please download this page, complete the form and mail it with the appropriate fee to the address below.

Requests should be mailed to:

**Kearny High School**

**Guidance Department**

**336 Devon St., Kearny, NJ 07032**

**Ph: 201-955-5060**

**Fax: 201-998-5430**

(Please print clearly)

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Year of Graduation \_\_\_\_\_ or Last Year Attended (left) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address: \_\_\_\_\_

(check appropriate box):

☐ Post Secondary School (college, university, vocational/training school)

☐ Prospective Employer

☐ Armed Forces

☐ Other Secondary School

☐ Other

Name of Institution/Organization: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

**Note: There is a \$5.00 charge (cash or money order in U.S. dollars only) payable to Kearny High School for each transcript requested. There is no charge for transcripts requested from colleges/universities, government/state agencies, the military, or graduates within one year of graduation date. There is also no charge for graduation verification by fax.**

Effective November 15, 1974, 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.

**Ref. New Jersey Administrative Code #6:3-6.1 et seq. states "Organizations, agencies and persons from outside the school shall have access to pupil records if they have written consent of parent or adult pupil (age 18)".**

I have read the above statement and pursuant to the law I hereby authorize the release of a copy of the transcript (school record) concerning the student named above to the following outside school agency.

Signature or Authorization: \_\_\_\_\_ Date \_\_\_\_\_

(Authorization can be signature of parent or guardian only if the student is less than 18 years of age)