



METUCHEN PUBLIC SCHOOLS

Guidance and School Counseling Department
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732-321-8700

Transcript Request Form

Graduated Students

Transcript Fee: \$1.00 per transcript
Processing Time: Two School Days

Date: _____

Name of Person Requesting Transcript: _____

If you are not the student, a signed release from the student must be attached to your request.

Student's Last Name (if different from above): _____

Year of Graduation: _____ Phone Number: _____

Send Transcript To: _____

Provide complete
mailing address.
One submission
per form.

Signature: _____

Please mail this form, with the appropriate fee to: Metuchen High School
Transcript Request
400 Grove Avenue
Metuchen, NJ 08840