

COUNSELOR: \_\_\_\_\_

**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT**  
**Triton Regional High School**  
***School Counseling Office***  
**250 Schubert Avenue**  
**Runnemede, NJ 08078**

**TRANSCRIPT (SCHOOL RECORD) RELEASE REQUEST**

- Effective November 15, 1974, Federal and State Law – prohibits the release of pupil records without parent or adult 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).”

**STUDENT:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

*I have read the above statement and, pursuant to law hereby authorize the release of a copy of:*

TRANSCRIPT (school record):   X  

MEDICAL RECORDS: \_\_\_\_\_

TO: COLLEGE/OUTSIDE AGENCY \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

<p><b>PURPOSE:</b> _____ Postsecondary College/School (check all that apply) _____ Other School (transfer) _____ Scholarship _____ Mid-Year Report</p>	<p>_____ Other (state purpose) _____ _____ Prospective Employer _____ Military</p>
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**REMINDER: STUDENTS ARE RESPONSIBLE FOR REPORTING THEIR SAT/ACT SCORES TO COLLEGES**

PARENT OR ADULT PUPIL (Age 18) SIGNATURE

DATE

NOTE: Any other organizations, agencies, and persons from outside the school will have to secure written authorization for the release of such transcripts. A photocopy of this authorization shall be considered as effective and as valid as the original.

In order to ensure the integrity of Triton Regional High School's permanent records, as a matter of practice, we will not release official transcripts directly to students or parents/guardians.

*OFFICE USE ONLY*

DATE REQUEST RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE RECORDS MAILED: \_\_\_\_\_

MAILED BY: \_\_\_\_\_