

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): _____

MEDICAL RECORDS: _____

TO: COLLEGE/OUTSIDE AGENCY _____

COMPLETE MAILING ADDRESS: _____

PURPOSE: Postsecondary College/School Other (state purpose) _____
 Other School (transfer) Prospective Employer
 Scholarship Military
 Mid-Year Report

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: _____