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HIGHLAND REGIONAL HIGH SCHOOL COUNSELING DEPARTMENT

TRANSCRIPT RELEASE REQUEST There is a \$5.00 processing fee



Only cash or money order accepted (payable to Highland HS)

Send request forms Fax: (856) 227-8422

<u>Email</u>: lcasares@bhprsd.org or mmiller@bhprsd.org <u>Mail</u>: 450 Erial Road, Counseling Dept., Blackwood, NJ 08012

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 <u>et seq.</u> 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 records) concerning the student named below, to the following outside agencies that bear my signature.

	Student Name:		
	Maiden Name (if applicable):		
Date of Birth:		Year of Graduation:	
		(If graduation dat	e is less than two years, fee is waived)
	Phone #:	_ Email:	
If you need an official transcript we must send it directly or it can be placed in a sealed envelope to be included in a portfolio. If you need an unofficial transcript, it can be mailed, faxed or picked-up.			
	CHECK TYPE OF TRANSCRI	PT: Of	ficial Unofficial
Name and Address to be mailed to:			
	Fax number to be sent to:		
Parent of	or Adult Pupil (age 18) Signature	-	Date
			2
	Any other organizations, agencies, and persons from outsites. A photocopy of this authorization shall be considered a		
transcrip	to ensure the integrity of Highland Regional High School's ots directly to students or parent/guardians. If there are extern transcript has been released directly to the parent/guardian.	enuating circumstance	es, the following message will appear on the transcript "This
\downarrow FOR OFFICE USE ONLY \downarrow			
	Amount Recv'd:	Date:	Initials: