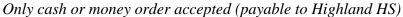
HIGHLAND REGIONAL HIGH SCHOOL COUNSELING DEPARTMENT

TRANSCRIPT RELEASE REQUEST

There is a \$5.00 processing fee





Send request forms Fax: (856) 227-8422

Email: mmiller@bhprsd.org or smiller@bhprsd.org

Mail: 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:	Date of Birth: Year of Graduation: (If graduation date is less than two years, fee is waived)			
Phone #:	Email:	Email:		
If you need an official transcript we must sen portfolio. If you need an unofficial transcript	t, it can be mailed, faxed			
Name and Address to be mailed to: _				
Fax number to be sent to:				
Parent or Adult Pupil (age 18) Signature		Date		
NOTE: Any other organizations, agencies, and person transcripts. A photocopy of this authorization shall be or	s from outside the school will considered as effective and as	have to secure written authorization valid as the original.	on for the release of such	
In order to ensure the integrity of Highland Regional Hitranscripts directly to students or parent/guardians. If the official transcript has been released directly to the parent	here are extenuating circumstant/guardian."	ances, the following message will a	appear on the transcript "This	
↓	FOR OFFICE USE	ONLY↓		
Amount Recv'd:	Date:	Initials:		