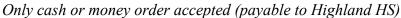
## HIGHLAND REGIONAL HIGH SCHOOL COUNSELING DEPARTMENT

## TRANSCRIPT RELEASE REQUEST







## Send request forms

Fax: (856) 227-8422

Email: dbuono@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 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)".

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 date is le	ss than two years, fee is waived	d)
Phone #:	Email:			_
If you need an <b>official</b> transcript we must so portfolio. If you need an <b>unofficial</b> transcr	end it directly or it can be ipt, it can be mailed, faxe	e placed in a sealed or picked-up.	ed envelope to be include	d in a
CHECK TYPE OF THE	RANSCRIPT:	Official	Unofficial	
Name and Address to be mailed to:				
Fax number to be sent to:				
Parent or Adult Pupil (age 18) Signature		Date		
<b>NOTE:</b> Any other organizations, agencies, and perstranscripts. A photocopy of this authorization shall be				se of such
In order to ensure the integrity of Highland Regional transcripts directly to students or parent/guardians. I official transcript has been released directly to the pa	f there are extenuating circums rent/guardian."	stances, the following	g message will appear on the tr	anscript "This
	↓FOR OFFICE USE			
Amount Recy'd	Date:	Initial	a:	