

Watchung Hills Regional High School
Transcript Release Form

Graduation Year

Last Name

First Name

Today's Date

Phone #

of Transcripts to send

Please send:

Official Transcript

Unofficial Transcript

Addition information _____

College: _____

Address: _____

City

State

Zip Code

If more than one address complete on back.

Please note the following:

✓ There is a \$1.00 processing fee for each transcript sent.

Release Provisions: Federal law prohibits the release of pupil records without signed permission. NJ Administrative Code #6.3-2.6 states, "Organizations, agencies, and persons from outside the school shall have access to pupil records if they have written consent of parents or adult (age 18) pupils."

I have read the description of the law as written above and pursuant to the law hereby authorize the release of a transcript and test scores.

Parent/Guardian or Adult Student

Relationship to Student

Office Use Only

Received on _____ Mailed on _____ by _____

Form of identification presented: Driver's Licenses other: _____

Approved by: _____ Processing Fee received \$ _____