

COUNSELOR: \_\_\_\_\_

Initial: \_\_\_\_\_

- \$5 PAID/UNLOCKED
- FREE/REDUCED LUNCH:
  - YES
  - NO

## TRANSCRIPT REQUEST LIST

STUDENT'S NAME: \_\_\_\_\_

Please write the ~~date~~ <sup>date</sup> of your application deadline here:

\_\_\_\_\_ 

THIS FORM IS DUE 15 SCHOOL DAYS PRIOR TO THE LISTED DEADLINE

College	Your Application Type (Regular, Rolling, ED, or EA/Priority)	Application Deadline Date ( the date you want your materials sent by).	Date	STUDENT'S INITIAL

### PARENT'S RELEASE OF PUPIL RECORDS WAIVER

Federal and State law forbid release of Pupil Records without permission. Ref.: N.J. Administrative Code #6:3-2.6. states, "Organization, 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."  
*School to release all academic records to colleges, scholarship programs and/or athletic requests require fifteen (15) school days to process.*

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

