

GRADUATE TRANSCRIPT REQUEST

NAME: _____ DATE: _____

NAME AS IT APPEARED ON YOUR TRANSCRIPT: _____

DID YOU GRADUATE FROM AN OUT OF DISTRICT SCHOOL: YES _____ NO _____

YEAR OF GRADUATION OR ATTENDANCE: _____

DATE OF BIRTH: _____

PHONE # _____

PLEASE FORWARD TRANSCRIPT TO:

(PLEASE INCLUDE THE NAME AND COMPLETE ADDRESS OF THE SCHOOL THAT YOU WISH THE TRANSCRIPTS TO BE FORWARDED TO)

I HEREBY AUTHORIZE MORRISTOWN HIGH SCHOOL TO RELEASE SCHOOL DATA INCLUDING IDENTIFYING INFORMATION, GRADE RECORDS, CLASS STANDING AND TEST DATA.

SIGNATURE: _____

Please fax the complete form to the Guidance Office at (973) 292-2129.