



HUNTERDON CENTRAL REGIONAL HIGH SCHOOL
COUNSELING SERVICES DEPARTMENT

POST GRADUATE TRANSCRIPT RELEASE FORM

Name _____
(Last) (First) (Maiden)

Year of Graduation _____ (Required)

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 record) concerning the student named below, to the following outside school agencies that bear my signature. I understand that I must provide **\$5.00 per transcript** request in order for this request to be processed.

Please send transcript to:

Name of School, Agency or Institution

Street Address

City State Zip Code

Signature (Required)

Hunterdon Central Regional High School Records Policy requires an adult signature (age 18 and over) to release such records.

FEE: \$5.00 PLEASE MAKE CHECK PAYABLE TO: HCRHS

**MAIL TO: Hunterdon Central Regional High School
Counseling Services Department - S2
84 Route 31, Flemington, NJ 08822
Attention: Post Grad Transcript Request**

One transcript release form must be filled out for EACH school, agency or institution to which you are requesting a transcript be sent.

**Requestor's Contact Information:
(Required)**

Name

Street Address

City / State / Zip Code

Phone # _____

FOR OFFICE USE ONLY:
FEE: \$ _____
Date Received: _____
Received by: _____