



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

**Please email transcript to:**

\_\_\_\_\_  
Name of School, Agency or Institution

\_\_\_\_\_  
Email address of School, Agency or Institution

\_\_\_\_\_  
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.

**EMAIL TO: [postgradtranscripts@hcrhs.org](mailto:postgradtranscripts@hcrhs.org)  
Subject: 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.**

Requested by: (Please print legibly) (Required Information)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number