

MANVILLE HIGH SCHOOL

1100 Brooks Boulevard
Manville, New Jersey 08835

Mr. Daniel Hemberger
Principal

Phone 908-231-8500/Fax 908-231-8532
Email: lmitzkewich@manvillesd.org

TRANSCRIPT REQUEST FORM Former Student (Please allow TEN (10) school days for completion)

NAME: _____

MAIDEN NAME: _____

YEAR OF GRADUATION: _____

If you did not graduate please give the date that you left: _____

TELEPHONE TO CONTACT YOU: _____

COLLEGE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

FAX: _____

Effective November 15, 1974, Federal and State Law prohibits the release of student records without parent or adult student written authorization. The school cannot release records without this permission.

Ref. New Jersey Administrative code #6: 3:2.6 states:

“Organizations, agencies and persons from outside the school shall access to pupil records if they have written consent of parent or 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 Records) concerning the student name below, to the outside agencies listed above.

SIGNATURE OF PERSON REQUESTING DOCUMENTS:

FOR OFFICE USE ONLY

Date Sent: _____ Other: _____