

TRANSCRIPT RELEASE FORM

Date _____

Name _____
Last First Maiden

Address: _____

Date of Birth _____ Telephone # _____

Year of Graduation _____

If you did not graduate, indicate the year you left school _____

Name and address of institution(s) to which transcripts are to be Sent. Please indicate if your transcript needs to be official or unofficial.

I hereby give my permission for my transcripts to be sent to the above institution(s)

Signature

*** \$4.00 Per Transcript Fee**
(cash or money order, NO checks)

Mail To:
Clifton High School
333 Colfax Avenue
Clifton, NJ 07013
Attn: Transcript Dept.