

**PHILLIPSBURG HIGH SCHOOL – GUIDANCE OFFICE**  
**1 Stateliner Boulevard, Phillipsburg, NJ 08865**  
**Telephone: 908-454-3400 ext. 7030 – Fax: 908-777-3978**

**POST-GRADUATE TRANSCRIPT REQUEST FORM**

DATE: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

Last (Maiden), First, Middle Initial

**PLEASE FORWARD REQUESTED RECORDS TO: (Must include full name and address)**

College/Institution/Scholarship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attention (If Applicable): \_\_\_\_\_

*Federal law prohibits the release of pupil records without signed permission. New Jersey Administrative Code #6:3-2.6 states, "Organizations, agencies, and persons from outside the school shall have access to pupil records if they have written consent of parents or adult (age 18) pupils."*

**\*NOTE: Please allow at least two weeks for the processing of this request.\***

**\*\*We do not have copies of diplomas and cannot get duplicates.\*\***

Signature of Student/Person Making Request: \_\_\_\_\_

**REQUEST FOR (Please check appropriate box(es)):**

1. /\_\_\_\_\_/ Official Transcript

2. /\_\_\_\_\_/ Unofficial Transcript

3. /\_\_\_\_\_/ Immunizations/Health History

4. /\_\_\_\_\_/ Other: \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Mailed:\_\_\_\_\_ By:\_\_\_\_\_

Mailed:\_\_\_\_\_ By:\_\_\_\_\_

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