



## POST GRADUATE TRANSCRIPT RELEASE FORM

Name \_\_\_\_\_  
(Last) (First) (Maiden)

Year of Graduation \_\_\_\_\_ (Required) Date of Birth \_\_\_\_\_

\*NOTE: A \$4 fee is charged for a transcript

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 \$4.00 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)

John P. Stevens High School Records Policy requires an adult signature (age 18 and over) to release such records.

**FEE: \$4.00 CASH, OR PLEASE MAKE CHECK PAYABLE TO: JPS High School**

MAIL TO: J.P. Stevens High School  
855 Grove Avenue  
Edison, NJ 08820  
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: \_\_\_\_\_

Phone #: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

FEE: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Sent: \_\_\_\_\_