

Voorhees High School
GRADUATE TRANSCRIPT RELEASE FORM

256 Route 513
Glen Gardner NJ 08826
(908) 638-2130
(908) 638-6355 Fax

TODAY'S DATE _____

STUDENT'S NAME _____

DATE OF BIRTH _____

DATE OF GRADUATION _____

I authorize Voorhees High School to send a copy of my complete transcript to the institution(s) listed below. I understand this record will include courses, final grades and rank information (where available) to the school's counseling center.

List School(s) and **COMPLETE** addresses below:

1. _____

2. _____

3. _____

4. _____

PLAN AHEAD it takes approximately two weeks to completely process a new transcript request. Please enclose \$2.00 (two dollars) for EACH graduate transcript that you request.

Student Signature