

North Hunterdon-Voorhees School District

Transcript Release Form

HR: _____ Counselor: _____

(Please Print)

DATE OF GRADUATION: _____

Student Name: _____ ID#: _____

I authorize the school to send a copy of my completed transcript to the institution listed below. I understand this record will include all courses, mid-term grades, final grades, and any information requested by the school's counseling center.

- | | | | |
|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Common App Waiver Complete | <input type="checkbox"/> Early Decision | <input type="checkbox"/>  Common Application | <input type="checkbox"/> Teacher Rec Uploaded |
| <input type="checkbox"/> Counselor Rec Requested | <input type="checkbox"/> Early Action | <input type="checkbox"/>  Naviance EDoc | <input type="checkbox"/> Teacher Rec Uploaded |
| | | <input type="checkbox"/>  Must Be Mailed | |

*provide stamped addressed envelope

NAME OF COLLEGE: _____

COLLEGE ADDRESS: _____

WHAT IS THE ABOVE SCHOOL'S DEADLINE? _____

I understand that it takes approximately two weeks to completely process a new transcript.

Signature: _____ Date: _____

(Signature of parent/guardian for students under 18 yrs. of age)

OFFICE USE ONLY

Date Processed

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