



# PERTH AMBOY HIGH SCHOOL

## Transcript Request Form

**Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Please allow 2 weeks for request to be processed.**

Are you using the Common Application? Yes \_\_\_\_\_ No \_\_\_\_\_

**I request that the following information be sent to the college or scholarship below:**

\_\_\_\_\_ Transcript

\_\_\_\_\_ Fee Waiver

*Effective November 15, 1974, Federal and State law prohibit the release of pupil records without parent or adult student written authorization. \*\*Ref . New Jersey Administrative Code #6.3-6.1 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).*

Parent/ Adult (age 18) Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail the above information to:**

Name of College \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_