

**ROBBINSVILLE HIGH SCHOOL**  
**GUIDANCE DEPARTMENT**

**Transcript (School Record) Release Form**

**Student Last Name/Maiden Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student's Mailing Address:**

\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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 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 **\$3.00 per transcript request** in order for this request to be processed.

NOTE: Any other organizations, agencies, and persons from outside the school will have to secure written authorization for the release of such transcripts. A copy of this authorization shall be considered as effective and as valid as the original. In order to ensure the integrity of Robbinsville High School's permanent records, as a matter of practice, we will not release "official" transcripts directly to students or parents/guardians. If there are extenuating circumstances, the following message will appear on the transcript *"This official transcript has been released directly to the parent/guardian"*.

**Transcript Release To:** (Please provide COMPLETE Name & Address of Employer/Agency/School, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent or Student (age 18) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

DATE REC'D: \_\_\_\_\_ BY: \_\_\_\_\_

FEE (\$3 PER TRANSCRIPT) \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_  
(Checks are payable to Robbinsville High School)

OTHER DOCUMENTS ATTACHED: \_\_\_\_\_