

High Point Regional High School

Alumni Transcript Request Form

Please Read Instructions:

Each transcript request cost \$3.00 (cash or make check payable to HPRHS).

- Complete a separate Transcript Request Form for each destination to which you want transcripts mailed.
- Transcripts may be released with the written authorization of the student.
- Allow 5 to 7 days for processing of Transcript Request.

MAIL TO:

Leah Marrocco
High Point Regional HS
299 Pidgeon Hill Road
Sussex, NJ 07461

Please Print All Information Legibly

Year of Graduation: _____

If not a graduate, year of drop/transfer: _____

For Office use Only

Date Mailed: _____

Last Name First Name Middle Name

Maiden Name or other name used while attending High Point

Date of Birth

Current Street Address

City State Zip Code

(_____) _____
Area Code Daytime Telephone Number

I authorize the release of my High Point High School Transcript(s) as indicated below.

Student Signature

Today's Date

Mail to:

Correct and legible address is the student's responsibility.