PUBLIC SCHOOLS OF EDISON TOWNSHIP
GRADUATE TRANSCRIPT REQUEST FORM

DATE ______________________________

PRINT NAME: ____________________________________

NAME AS IT APPEARED ON DIPLOMA: __________________________________________
(Example: Maiden Name)

ADDRESS: _____________________________________________________________________

PHONE: ____________________________ DATE OF BIRTH: ___________________________

YEAR OF GRADUATION: ________ NON GRADUATES, LAST YEAR OF ATTENDANCE: ______

SEND TRANSCRIPT TO:

NAME OF SCHOOL/BUSINESS: _____________________________________________________

SCHOOL/BUSINESS ADDRESS: ____________________________________________________

NAME OF SCHOOL/BUSINESS: _____________________________________________________

SCHOOL/BUSINESS ADDRESS: ____________________________________________________

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MAIL FORM TO EDISON HIGH SCHOOL 50 BOULEVARD OF EAGLES, EDISON, NJ 08817
ATTENTION: SCHOOL COUNSELING DEPARTMENT. ALONG WITH THIS FORM, YOU MUST
INCLUDE A LEGIBLE COPY OF YOUR PHOTO ID, A $5.00 PROCESSING FEE, CHECK, CASH OR
MONEY ORDER IS ACCEPTABLE FORMS OF PAYMENT.

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PERMISSION IS GRANTED TO EDISON HIGH SCHOOL COUNSELING DEPARTMENT TO
RELEASE A TRANSCRIPT OF MY PUPIL RECORDS TO THE ABOVE NAMED SCHOOL(S),
AGENCIES OR BUSINESSES.

SIGNATURE OF PAST GRADUATE: ________________________________________________

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For Office use only

FEE PAID __________

TRANSCRIPT SENT: ___________ (MAIL / FAX)  OFFICIAL ☐

UNOFFICIAL ☐