

GATEWAY REGIONAL GUIDANCE DEPARTMENT

Gateway Regional High School
775 Tanyard Road Woodbury Heights, NJ 08096
Ph: (856) 848-8104 Fax: (856) 848-2017

TRANSCRIPT RELEASE FORM

Current Phone No.

Last Name

First Name

Maiden Name

YEAR OF GRADUATION: _____ or DATE OF WITHDRAW: _____

I request that my OFFICIAL TRANSCRIPT and/or UN-OFFICIAL TRANSCRIPT be released to:
(circle one of the above)

1. _____
Name of College/Agency

2. _____
Home Address

Address

City

State

Zip Code

City

State

Zip Code

College/Agency Deadline Date: _____

Gateway Regional High School will not release, in any form, to any persons or agencies other than those listed above, student records without written consent from concerned individuals.

THE OFFICIAL HIGH SCHOOL RECORD WILL CONTAIN THE FOLLOWING:

- Official Administration Record (Name, Address Birth Date, Level Completed, Grades, Class Standing, Grade Point Average)

Signature

Date

*(Parent signature required if under 18 years of age)

Parent's Signature

Date

**PLEASE RETURN COMPLETED FORM TO
CYNDI ZIEGLER – HS GUIDANCE
EXT. 226 OR ctieglr@gatewayhs.com**

(Office Use Only)

Date Sent _____ By _____