

SPOTSWOOD HIGH SCHOOL

EXCELLENCE IN EDUCATION

Transcript Request

Student's Name: _____

Maiden Name: _____
(If name from above has changed)

Local Address: _____

Telephone Number: _____

Year of Graduation: _____

If a Non-Grad,
Year of Withdrawal: _____

**** A MINIMUM PROCESSING TIME OF 48 HOURS IS REQUIRED****
***** THERE IS A \$2.00 PROCESSING FEE FOR EACH TRANSCRIPT*****

- Please mail copies of my unofficial transcript
- Please mail copies of my official transcript (Official copies can only be mailed to your college or institution)
- Enclosed is the \$2.00 processing fee

Address to send transcript to:

Student's Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(If under 18 years of age)

Mail/Fax Information:

Spotswood High School
School Counseling Services Department
105 Summerhill Road
Spotswood, NJ 08884
Fax # (732) 251-7666