

# 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: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Name & 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