

MIDDLETOWN HIGH SCHOOL SOUTH
900 NUT SWAMP ROAD
Middletown, NJ 07748
www.middletownk12.org
732-706-6111. ext: 2126

Request for Release of Graduate Transcript

COST: \$2.00 PER TRANSCRIPT

Name: _____ Date of Birth: _____

Maiden Name (if applicable): _____

Date of Graduation: _____

If Non-Graduate, Date Left: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

If there are any special instructions or attachments needed, please indicate below:

Please forward a copy of the transcript of my high school record to the address(es) listed below:

Signature of Applicant: _____ **Date:** _____