

MIDDLETOWN HIGH SCHOOL NORTH

63 Tindall Road
Middletown, NJ 07748
www.middletownk12.org
732-706-6061 ext. 1211

Request for Release of Graduate Transcript

Name: _____ Date of Birth: _____

Maiden Name (if applicable): _____

Date of Graduation: _____

If Non-Graduate, Date Left: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

There is a \$2.00 processing fee for each transcript (official/unofficial) requested. The fee must be included with this request. Please make check payable to "Middletown High School North", and send it to the attention of "Graduate Transcripts".

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

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