

WHIPPANY PARK HIGH SCHOOL TRANSCRIPT REQUEST FORM

165 Whippany Road ♦ Whippany, New Jersey 07981 ♦ 973-887-4963

IMPORTANT:

- Please allow 2-5 days for your transcript to be processed.
- Upon completion, mail this form to the Guidance Department or submit it via fax, 973-884-2210.
- All transcript requests must be done in writing.

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The following information is REQUIRED in order to facilitate the processing of your transcript. PLEASE PRINT!

- WPHS Graduate Class of _____ WPHS Current Student Class of _____

STUDENT INFORMATION (while at WPHS)

Last Name (Maiden): _____ First Name: _____

Street Address: _____ City/Town/Zip: _____

CURRENT CONTACT INFORMATION (if different from the above):

Last Name: _____ First Name: _____

Street Address: _____ City/Town/Zip: _____

Phone Number: _____

*I authorize Whippany Park High School to release my transcript information to the party(ies) listed below.

Signature

Date

Please check the <u>reason</u> for your transcript request.	Write the <u>name and address</u> of the school business, or individual you would like your transcript to be issued to.	<u>FOR GUIDANCE USE ONLY</u>
Requested for... <input type="checkbox"/> Summer Program <input type="checkbox"/> College <input type="checkbox"/> Employer <input type="checkbox"/> Personal Records	_____ _____ _____ _____	<input type="checkbox"/> Official Transcript <input type="checkbox"/> Unofficial Transcript <input type="checkbox"/> Issued to Student <input type="checkbox"/> Mailed: _____ <input type="checkbox"/> Faxed: _____
Requested for... <input type="checkbox"/> Summer Program <input type="checkbox"/> College <input type="checkbox"/> Employer <input type="checkbox"/> Personal Records	_____ _____ _____ _____	<input type="checkbox"/> Official Transcript <input type="checkbox"/> Unofficial Transcript <input type="checkbox"/> Issued to Student <input type="checkbox"/> Mailed: _____ <input type="checkbox"/> Faxed: _____
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Requested for... <input type="checkbox"/> Summer Program <input type="checkbox"/> College <input type="checkbox"/> Employer <input type="checkbox"/> Personal Records	_____ _____ _____ _____	<input type="checkbox"/> Official Transcript <input type="checkbox"/> Unofficial Transcript <input type="checkbox"/> Issued to Student <input type="checkbox"/> Mailed: _____ <input type="checkbox"/> Faxed: _____