



Union High School

*Department of School Counseling
2350 N. Third Street
Union, NJ 07083 908-851-6504-5-6
Fax: 908-686-6730*

FORMER STUDENT TRANSCRIPT RELEASE FORM

All transcripts will be mailed. Please allow 10 business days to process request
Include a stamped envelope addressed to the school, business, or organization that needs the transcript.

DATE: _____

Print: LAST FIRST M.I. DOB MAIDEN NAME

Union High School cannot release a student's record without the written request of the parent or the adult (over 18) student.

CHECK AND COMPLETE THE APPROPRIATE BOX:

Graduated _____ (Year) required Transcript

or

Withdrew _____ (Year) required Immunization Records

Contact Information: _____
Current address Phone #

I hereby authorize the appropriate school officials to release a copy of my transcript and/or immunization records to the following:

Mail transcript to:

Submit separate form for each request. **Immunization Records may be mailed to the student or school. Only unofficial transcripts will be mailed to the student.**

Signature of Adult Student

**Send Request to Union High School
Re: Transcripts Former Students
2350 N. Third Street
Union, NJ 07083**

For Office Use Only: Date Received: _____ Date Mailed: _____