

TRANSCRIPT RELEASE FORM FOR ALUMNI

Date: _____

Name of College or School: _____

(Address)

(City, State, Zip Code)

I, _____ request that a transcript of my grades
(Student's Name)

while a student at Ramsey High School be sent to the above school.

I am a graduate of the Class of _____.

Signature

There is a \$2.00 fee (cash or check payable to RHS) which can be mailed to RHS Guidance, 256 E. Main St., Ramsey, NJ 07446.