



COUNSELING OFFICE, Extension 2112
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**TRANSCRIPT/RECORDS RELEASE
For FORMER Ewing High School Students**

- Transcript/Records Release processed in order of receipt
- **ALLOW UP TO 10 BUSINESS DAYS TO PROCESS**

1. PLEASE PROVIDE YOUR NAME EXACTLY AS IT WAS WHILE ATTENDING EWING HIGH SCHOOL

FIRST NAME: _____ LAST NAME: _____

Date of Birth: _____ Phone Number: _____

Current Home Address: _____

2. PLEASE ENTER THE EXACT YEAR OF ONE OF THE FOLLOWING:

Year of Graduation: _____ *or* Year of Transfer: _____ *or* Year of Withdrawal: _____

3. PLEASE SEND THE FOLLOWING OFFICIAL RECORDS TO:

Transcript Standardized Test Scores Health/Immunization Records

Name of Institution or Employment: _____

Street Address #1: _____

Street Address #2: _____

City: _____ State: _____ Zip: _____

4. MUST INCLUDE A COPY OF YOUR PHOTO ID

5. PLEASE SEND UNOFFICIAL RECORDS TO MY HOME ADDRESS ABOVE: YES NO

If you approve the release of the aforementioned information, please sign below and return this form to the Ewing High School Counseling Office promptly in order to begin the processing period (up to 10 days).

"I approve the release of the requested information."

Signature

Today's Date