



THE EWING PUBLIC SCHOOLS
Ewing High School

GUIDANCE OFFICE
EXT. 2112

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www.ewing.k12.nj.us

SENIOR TRANSCRIPT RELEASE

STUDENT'S FIRST NAME: _____ **LAST NAME:** _____

GUIDANCE COUNSELOR: _____ **DATE:** _____

RECORDS TO BE SENT TO:

FOR ANY COLLEGES OR SCHOLARSHIPS REQUESTED

THE ABOVE HAS REQUESTED THE FOLLOWING SCHOOL RECORDS:

- PERSONAL IDENTIFICATION DATA, ATTENDANCE, GRADES, RANK, ADDRESS, PARENT'S NAME, ACTIVITIES
- STANDARDIZED TEST SCORES
- SUBJECTIVE EVALUATIONS; PERSONALITY RATINGS, CHARACTER RATINGS, COUNSELOR'S COMMENT
- HEALTH/IMMUNIZATION RECORDS

IF YOU APPROVE THE RELEASE OF THE AFOREMENTIONED INFORMATION, PLEASE SIGN BELOW AND RETURN THIS FORM TO THE GUIDANCE OFFICE PROMPTLY.

THANK YOU FOR YOUR COOPERATION AND IF THERE ARE ANY QUESTIONS CONCERNING THIS MATTER, FEEL FREE TO CONTACT THE SCHOOL AT YOUR CONVENIENCE.

"I APPROVE THE RELEASE OF THE REQUESTED INFORMATION."

Print Name

Signature

Relationship to Above

- **THIS FORM MUST BE FILLED IN AND SIGNED BEFORE ANY TRANSCRIPT REQUESTS WILL BE PROCESSED.**
- **THIS FORM IS VALID FOR 1 YEAR FROM DATE OF SIGNATURE.**

The Ewing Public Schools

Providing a Foundation for Life