High Point Regional High School
Alumni Transcript Request Form

Please Read Instructions:

Each transcript request cost $3.00 (cash or make check payable to HPRHS).

- Complete a separate Transcript Request Form for each destination to which you want transcripts mailed.
- Transcripts may be released with the written authorization of the student.
- Allow 5 to 7 days for processing of Transcript Request.

MAIL TO:

KarenVanderGroef
High Point Regional HS
299 Pidgeon Hill Road
Sussex, NJ 07461

For Office use Only

Date Mailed: _____

Please Print All Information Legibly

Year of Graduation: _____

If not a graduate, year of drop/transfer: _____

_____
Last Name First Name Middle Name

_____
Maiden Name or other name used while attending High Point

_____
Date of Birth

_____
Current Street Address

_____
City State Zip Code

(_____) _____
Area Code Daytime Telephone Number

I authorize the release of my High Point High School Transcript(s) as indicated below.

_____ _____
Student Signature Today's Date

Mail to:

Correct and legible address is the student's responsibility.