



Alumni Transcript Request Form

\$3.00 per transcript request

We take cash or check made payable to:

High Point Regional High School

Please mail this completed form and payment to:

Leah Marrocco

High Point Regional High School

299 Pidgeon Hill Road

Sussex, NJ 07461

Please Print All Information Legibly.

FOR OFFICE USE ONLY

DATE RECEIVED:

DATE SENT:

Year of Graduation: _____

Last Name

First Name

M.I.

Maiden Name or other name used while attending

Date of Birth

Current Street Address

City

State

Zip Code

Phone Number

Email Address

Mail My Transcript to: _____

Applicant Signature _____

Date