

DAVID BREARLEY MIDDLE HIGH SCHOOL
401 Monroe Avenue, Kenilworth, New Jersey 07033

GRADUATE/FORMER STUDENT TRANSCRIPT REQUEST

Federal and State Law prohibits the release of pupil records without parent or adult student written authorization. The school cannot release records without this written permission.

Complete ALL information, sign, date and submit to the Counseling Department.

Last Name	First Name	Maiden Name	
Address	City	State	Zip Code
Email Address	Telephone Number	Date of Birth	
Year(s) attended DBMHS	Graduation Date	OR	Withdrawal Date

- There is a \$5.00 charge for each transcript to be processed, payable by check or money order to David Brearley High School.
- Transcripts will not be processed unless submitted with a STAMPED, addressed envelope to the College, University or business of your choice.

SEND RECORDS TO:

Organization:	
Street Address:	
City, State, Zip Code:	
Attention:	
Fax Number:	

Test scores from the College Board (SAT I & II) and/or American College Test (ACT) are NOT part of the record and are not forwarded as part of the transcript. It is the responsibility of the student to have test scores sent directly by the test agency to colleges, trade schools, etc.

PLEASE NOTE: Only those transcripts MAILED directly to a college/university/agency/company are considered OFFICIAL. Any transcript provided to an individual will be marked UNOFFICIAL and WILL NOT have the high school's official seal. Faxed transcripts are considered unofficial.

I authorize David Brearley Middle High School Counseling Department to release a transcript of my pupil records to the school/agency listed on this request.

Signature

Date

NOTE: Any other organizations, agencies, and persons from outside the school must secure written authorization for the release of such transcripts.

OFFICE USE ONLY - Date Received: _____ Date Processed: _____