

Mainland Regional High School

Guidance Office
1301 Oak Avenue
Linwood, NJ 08221

OFFICIAL TRANSCRIPT and/or MEDICAL RECORD REQUEST

INSTRUCTIONS: PLEASE PRINT CLEARLY. Complete this form in its entirety and return it to the Guidance Office at the address above or fax it to **609-926-0846**.

Normal processing time for transcript requests is 5-7 business days. There is no charge for transcripts.

Name: _____
Last First MI

Former Name: _____
(If applicable) Last First MI

Address: _____
Street City State Zip

Date of Birth: _____

Date of Graduation or last date of attendance: _____
(must be included for processing)

Telephone: _____ Cell Phone: _____ Email: _____

<p>TOTAL NUMBER OF COPIES: _____</p> <p>____ Transcript ____ Medical Record ____ Both</p> <p>____ In-person pick-up. <i>(Identification is required.)</i></p> <p>____ Send within 5-7 business days. <i>(Additional time may be required if request is made at peak times.)</i></p> <p>____ Fax (official transcript cannot be faxed)</p> <p>Fax Number _____</p>	<p>MAIL TO : (include School Name, Department, Attn. and Address)</p> <p>1) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Check here if additional addresses are listed on the back of this form.</p>
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I hereby certify that this information is true and correct. As per the Federal Family Education rights and Privacy Act (PL 93:360), I authorize release of my academic and/or medical record.

Signature _____ Date _____

For Official Use Only:

of Copies: _____ **REGISTRAR:** Date Processed: _____

If You Have Questions, Call the Guidance Office at (609) 927-4139

ADDITIONAL ADDRESSES FOR TRANSCRIPTS
(Include School Name, Department, Attention To, and Address)

2) _____

3) _____

4) _____

5) _____

