

Secaucus High School

PAUL AMICO EDUCATION & ATHLETIC COMPLEX
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GUIDANCE DEPARTMENT

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RELEASE OF RECORDS

NAME: _____

MAIDEN NAME: _____

ADDRESS: _____

EMAIL ADDRESS _____

PHONE: _____

DATE _____

YEAR GRADUATED _____

YEAR TRANSFERRED _____

YEARS IN ATTENDANCE _____

I _____ HEREBY REQUEST THE GUIDANCE DEPARTMENT OF SECAUCUS HIGH SCHOOL TO RELEASE MY:

TRANSCRIPT _____
MEDICAL RECORDS _____
TEST RECORDS _____
OTHER _____

TO MYSELF (AN **UNOFFICIAL** TRANSCRIPT) _____ AND/OR **OFFICIAL** SENT TO THE FOLLOWING INSTITUTION:

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

STUDENT'S SIGNATURE

PARENT'S SIGNATURE IF UNDER
18 YEARS OF AGE