

# TRANSCRIPT RELEASE FORM

## ORANGE HIGH SCHOOL

400 Lincoln Avenue, Orange, New Jersey 07050

Phone: (973) 677-4060

Fax: (973) 677-4069

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

I hereby give permission to Orange High School to release all available information identifying official administrative records (name, address, birth date, grade level completed, grades, class standing, attendance record); standardized achievement, intelligence, and aptitude test scores, letters of recommendation, and record of extracurricular activities.

\_\_\_\_\_  
Applicant's signature (if the individual is 18 years of age, the individual must sign the release.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if student is not 18 years of age, the parent or guardian must sign.)

\_\_\_\_\_  
Date

\* \* \* \* \*

The Orange Public School District requires that a Transcript Release Form be filed with the school district prior to the release of any information regarding students that are presently enrolled in the district. No records will be released until this document is signed and returned to the Guidance Department.

Updated 3/2010