

# Hackettstown High School

## Guidance Department

599 Warren Street ♦ Hackettstown, NJ 07840

Phone: 908-852-8150 ♦ www.hackettstown.org ♦ Fax: 908-852-6214

## ALUMNI TRANSCRIPT REQUEST FORM

Please allow **TWO to FOUR** days for processing  
(may be longer if the request is made when school is not in session)

Fax to: (908) 852-6214 or Email to: pwillson@hackettstown.org

Date of Request: \_\_\_\_\_

I authorize Hackettstown High School to send my

**OFFICIAL Transcript** or  **UNOFFICIAL Transcript** or  Immunization Record to the following:

*(Note: If you request an official transcript to be mailed to your home, it will no longer be official if you open the envelope)*

Please submit the **COMPLETE MAILING ADDRESS** and/or Email/Fax of the College/University or Employer  
(Name, Street Address, City, State and Zip Code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
*Print Name at time of Graduation (if different than above)*

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Email:

### Office Use Only

Mail

Hand Carried

Email

Fax

Transcript sent: \_\_\_\_\_

Date

Home of the Tigers

