

High School Transcript Release Form

DATE: _____

TO: _____

(Insert name of high school)

(Street address)

(City, State, Zip Code)

Dear Guidance Office:

Please send OFFICIAL HIGH SCHOOL TRANSCRIPT* for:

Student: _____

Date of Birth: _____

Date of Graduation: _____

Signature of parent/student authorizing release

Transcript should be sent to:

The Homeschool Academy of South Jersey

1800 E. Broad St.

Millville, N.J. 08332

Thank you for your prompt attention to this matter.

