



**TEANECK HIGH SCHOOL
SCHOOL COUNSELING OFFICE**

100 Elizabeth Avenue
Teaneck, New Jersey 07666
Phone: 201-833-5425 Fax: 201-833-5429



Transcript Request Form for Alumni

1. Return completed form to gcastro@teaneckschools.org, or to the Counseling Office.
 2. Pay the \$5.00 processing fee (per transcript). To pay online, click or scan QR code.
 3. Allow 3-5 business days for processing from time of receipt of form & payment.
- *Peak periods (registration/graduation/summer) may require longer processing times.

CLICK OR SCAN
TO PAY



Biographical Information

Full Name (while attending THS): _____

Current Mailing Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Year of Graduation/Withdrawal: _____

Type of Transcript

- ☐ UNOFFICIAL: For personal/general use. No official seal or a signature from a school official. Will have a watermark across the transcript.
(will be sent to email address provided above; pickup available upon request)
- ☐ OFFICIAL: Bears the official raised seal of the school. Sent directly from Teaneck High School to the institution or business; generally NOT given to alumni.

Delivery Method: Email OR Mail (name of institution & full address if mailing)

#1 ☐ Email to: _____

☐ Mail to: _____

#2 ☐ Email to: _____

☐ Mail to: _____

#3 ☐ Email to: _____

☐ Mail to: _____

Signature: _____ **Date:** _____

Signature is required as authorization for Teaneck High School to release your records.