



TEANECK HIGH SCHOOL  
SCHOOL COUNSELING OFFICE  
100 Elizabeth Avenue  
Teaneck, New Jersey 07666  
Phone: 201-833-5425 Fax: 201-833-5429



## **Transcript Request Form – Class of 2024**

1. Return completed form to [gcastro@teaneckschools.org](mailto:gcastro@teaneckschools.org), or in person to the THS Counseling Office.
  2. Allow 3-5 business days for processing from time of receipt of form & payment.
- \*Peak periods (registration/graduation/summer) may require longer processing times.

### **Biographical Information**

Full Name (while attending THS): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Year of Graduation: **2024**

### **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.***