

**Transcript Request Form**

**To the Student:**

This form is used to request a copy of your high school transcript. Complete it and submit it to your high school guidance office. Your high school may charge a fee to send a transcript; please check with your guidance counselor.

**To the Registrar/Counseling Office:**

Please send one (1) copy of my official high school transcript to:

Transition and Career Studies Program

Georgian Court University

900 Lakewood Ave.

Lakewood, NJ 08701

**High School Dates of Attendance:**

**Name (Last Name, First Name, Middle Initial):**

**Street Address:**

**City/State/Zip Code:**

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

*(Required if student is a minor or has a legal guardian)*