

# PHHS Alumni Transcript Release Form

**Please Note: One Transcript Release Form is required for EACH school, business or agency**

Your Name (at present): \_\_\_\_\_

Your Name at time of graduation (if different): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name and Address of school, business or agency where you would like your transcript mailed.

ONE location on each form, please:

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

## INSTRUCTIONS:

1. Please make check or money order payable to **PVRHSD**. The cost is \$3.00 for each request.
2. If you are submitting multiple forms, you may pay for all in one check @ \$3.00 per request.
3. Print the form and fill it out completely. Remember to sign or have parent sign if you are under 18 years of age.
4. You may mail or fax this form. Upon receipt of your check, we will process your request.
5. Allow at least 10 business days to meet your deadline. We will process your request at the earliest opportunity. We send all transcripts via the US Postal Service.
6. We can not release an official transcript directly to you. You may request an unofficial transcript to be mailed to yourself. The same \$3.00 fee applies.

**\*\*\* Reminder: We do not send SAT or ACT scores.**

**You may authorize the testing services to send your test scores on the SAT or ACT websites.**

→ Alumnus' signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ Parent's Signature if you are under 18 years of age: \_\_\_\_\_

### **Mail this form to:**

Guidance Department, Transcript Request  
Pascack Hills High School  
225 W. Grand Ave.  
Montvale, NJ 07645

### **Or Fax this form to:** 201-358-0840

**Questions?** : Call 201-358-7020 x 22007  
or email: [mcodner@pascack.org](mailto:mcodner@pascack.org)

\*\*\*\*\*For Guidance Only\*\*\*\*\*

Date received in Guidance: \_\_\_\_\_

Date mailed: \_\_\_\_\_