

**Department of Guidance & Counseling
Transcript/Records Request Form
(Former student)**

Today's Date: _____ School(s) Attended: _____

Name: _____ Date of Birth (MM/DD/YY) _____

Name used while attending Paterson Public Schools (if different from above) Student ID # _____

Address: _____
Number & Street City State Zip Code

Telephone: _____
Home Cell # Email Address

Years Attended: From _____ to _____ Class of: _____

Please check if request is for:

- Official Transcript
- Unofficial Transcript
- Other _____

The purpose of this request: (Employment or Education: Name & Address)

Transcript Request Policy:

- You must provide an ID on the day you pick up your transcript(s).
- All transcript requests must have your signature. Requests without signatures will not be processed.
- Please allow 5-7 business days for processing.

By signing below you agree that you have read this form carefully and have provided all necessary information.

Signature (must be hand signed) _____
Required to release transcript Date

SCHOOL USE ONLY:	
<input type="checkbox"/> Transcript processed on: _____	<input type="checkbox"/> Transcript provided on: _____

I _____ give permission to _____

to pick up my transcript. _____ Date _____

Signature

Person named above must show ID.