KENT PLACE SCHOOL

Transcript Request Form

Attn: Registrar
42 Norwood Avenue
Summit, NJ 07902-0308
Fax: (908) 273-2149

A. Current Students (complete sections A, C, D)

Student Name _____ Grad Year _____
First MI Last

B. Alumnae/Withdrawn Students (complete sections B, C, D)

Name under which you attended _____
First MI Last
Graduation Year _____ If withdrawn, when did you withdraw? Month_____ Year _____

Home Phone Number: _____ Cell Phone Number: _____

Current Address_____
_____

C. When should transcript be processed

☐ Now ☐ Hold for Current Trimester/Semester's grades ☐ Hold until Graduation

Number of Transcripts Requested: Official _____ Unofficial _____

OFFICIAL TRANSCRIPTS are sealed and stamped transcripts that cannot be opened by the student. If an Official Transcript is opened by a student it will automatically become unofficial. Official transcripts can be sent to your home inside an additional envelope so that you can send with any other necessary paperwork or we can send directly to the school or office needed.
Mail transcript to: _____
_____
_____

UNOFFICIAL TRANSCRIPTS are not sealed or stamped and are usually acceptable for driver's license verification, insurance purposes or student records. Unofficial can be mailed, faxed or emailed to a recipient.

☐ Fax ☐ Mail to Student ☐ E-mail to: _____

D. Student Signature (Required): _____

Parent/Guardian Signature (if student under 18): _____

Parent/Guardian Printed Name: _____

THIS SECTION TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Transcript Sent: _____ _____
(Registrar Signature) (Date)