



West Milford Township High School

67 Highlander Drive • West Milford, New Jersey 07480
(973) 697-1701 • (973) 208-0912 Fax



ALUMNI TRANSCRIPT REQUEST FORM

Please allow 2 to 3 days for processing

Student Name (*at time of graduation*)

Date of Birth

Year of Graduation or Withdrawal

College Name or Institution: _____

Mail: Name & Address (if mailing document) _____

Email: (if emailing document) _____

Fax #: (if faxing document) _____

I do hereby authorize school personnel at West Milford High School to release a transcript to the institution listed above.

Signature

Today's Date

Phone

Email

**PLEASE NOTE: Official copies of your Transcript can only be mailed to a College, University or Employer. If you request a copy of your Transcript to be mailed to you it will be an "unofficial" copy.*

MAIL TO:
West Milford High School
67 Highlander Drive
West Milford, NJ 07480

FAX TO:
973-208-0912

EMAIL TO:
Guidance@wmtps.org

For Office use Only Date Transcript Sent: _____