

STERLING HIGH SCHOOL

Guidance Office 501 S. Warwick Road Somerdale, NJ 08083 Phone (856) 784-1334 Fax (856) 627-9687



EMAIL: lgiambri@sterling.k12.nj.us
**SUMMER REQUESTS: edever@sterling.k12.nj.us

ALUMNI TRANSCRIPT REQUEST FORM

Last Name/Maiden Name		First Na	ame	
Graduation/Last Year Attended _		Date of Birth		
Mailing Address				
Stree	t	City	State	ZIP
Phone	E	mail		
Effective November 15, 1974, Federal a authorization. The school cannot release "Organizations, agencies and persons fro adult pupil (age 18)."	records without written pe	rmission. Ref. New J	ersey Administrative Code #6:3	-6.1 et seq. states
I have read the above statement and purconcerning the student named below, to \$5.00 per transcript request (cash, check	the following outside scho	ool agencies that bea	or my signature. I understand th	nat I must provide
Note: Sterling High School will not release administration record: name, address, bir within 2-3 days of receipt/payment. Allo Please select one:	th date, level completed, g	rades, class rank, and	l grade point average. Requests	will be processed
☐ Mail Transcript: List Ins	titution/Organization	Name & Address	below	
\square Pick-up Transcript (Mus	t have valid ID)			
1		2.		
				
*Additional mailing addresses may	be written on back if needed			
Total # of Transcript Copies	(\$5.00 each)	Total Amount	Due \$	
Signature (Required)		Date		
	For Office	e Use Only		
Payment Received:		By:	Date Sent:	
Cash:				