

# Franklin High School

## TRANSCRIPT REQUEST FORM

Please fill out this Records Release Form for your official transcript and allow one week for processing.

**Please send this request to the attention of Student Records:**  
Franklin High School, 500 Elizabeth Avenue, Somerset, NJ 08873 or  
transcripts@franklinboe.org

Students currently attending FHS, please see your School Counselor

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Circle School Attended: Franklin High School, Adult Education, Alternative School, Vocational School or other \_\_\_\_\_

Please send my official transcript to the following (MUST include full address)

\_\_\_\_\_  
(Name/School)

\_\_\_\_\_  
(Name/School)

\_\_\_\_\_  
(Attention)

\_\_\_\_\_  
(Attention)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

Purpose for this request:

\_\_\_\_\_

\_\_\_\_\_  
Signature (If under 18 year's old, parent must sign)

Transcript(s) mailed on: \_\_\_\_\_