

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: _____