



West Essex Regional School District
Guidance Department
Graduate/Alumni Transcript & Immunization Request Form

Date: _____

Name: _____

Name at time of Graduation: _____

Graduation Date: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Withdrawals: *If you withdrew from West Essex High School prior to graduation, please fill out the information below:

Last Month and Year Attended: _____

What will this transcript be used for?

- College Application
- Job Application
- Insurance Purposes
- Other _____

I hereby authorize the appropriate school official to release a copy of my transcript to the following: college, institution, or company.

Mail Transcript To:

Name of Institution: _____

Department: _____

Street Address: _____

City, State, Zip Code: _____

Email Transcript To:

Attention: _____

Email Address: _____

Signature: _____

Office Use: Date Sent: _____