

Cape May County Technical School District
188 Crest Haven Road
Cape May Court House, NJ 08210

GRADUATE'S REQUEST FOR TRANSCRIPT

Name (as it appeared on diploma): _____
(please print)

Year of Graduation: _____

[] I request an **UNOFFICIAL** copy of my transcript. I realize that it may not be acceptable to an employer or institution.

[] I request an **OFFICIAL** copy of my transcript to be mailed to:

School/Agency: _____

Mailing Address: _____

Town/State/Zip: _____

Signature: _____

Date: _____

Phone Number where you can be reached if there is a problem: _____

Note: Official copies of transcripts must be mailed from the guidance office to the school or agency requesting them. They are not issued to graduates – only unofficial copies can be issued to graduates.

A completed form for each request must be submitted by US mail on in person to the CMCTHS Guidance Office allowing 7 days for Guidance to complete the request.

For office use: Date Sent: _____ By (Initials): _____

This form is to be filed in the graduate's folder.