Cliffside Park High School
Guidance Department

High School Transcript Request

After completing this form you may…

A) print and fax it to the Guidance Department: 201-945-4717
B) e-mail as an attachment
   1. during the school year to: afrankovic@cliffsidepark.edu
   2. during the summer to: mresto@cliffsidepark.edu
C) print and mail it to:

Cliffside Park Guidance Department
Transcript request
64 Palisade Avenue
Cliffside Park, NJ 07010

IMPORTANT

1. We cannot mail an official transcript to you personally. We can only mail an official transcript to the school or other organization requesting the transcript. We can mail an unofficial transcript to your address.

2. Be sure to print below the name that you used while attending Cliffside Park High School.

Name:

_____

Last First MI (Current name if different)

Birth date: _____ Graduation year: _____ CP ID # _____

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize release of my complete high school transcript, including any previous high school attendance.

Signature: _____ Date: _____

Please forward transcript(s) to:

1. _____

_____

_____

Deadline date (if necessary): _____

2. _____

_____

_____

Deadline date (if necessary): _____