

Nutley Public Schools  
**NUTLEY HIGH SCHOOL**  
**SCHOOL COUNSELING DEPARTMENT**

**RECORD REQUEST FOR GRADUATES**

Requests require ten (10) school days to process.

Name \_\_\_\_\_  
Last First (Maiden Name, if applicable)

Date of Birth \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Current Address \_\_\_\_\_ Town/City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check box(es) for records requesting:

Transcripts     Test Scores     Health Records

I give Nutley High School permission to release my high school records to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please check one:

Mail to Address Above     Pick Up

If picking up, person designated for pick up \_\_\_\_\_

\_\_\_\_\_  
Signature of Graduate

\_\_\_\_\_  
Date

**Requests for records must be made in writing by the graduate and NOT a parent or other person.  
Email requests will not be honored. Please mail or fax requests to:**

Nutley High School  
School Counseling Department  
300 Franklin Avenue  
Nutley, NJ 07110  
Fax: 973-661-8840