

PASSAIC VALLEY REGIONAL HIGH SCHOOL

100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424

Dr. Bracken Healy
Superintendent



Mrs. Tara Torres
Director of School Counseling

GRADUATE TRANSCRIPT

PASSAIC VALLEY REGIONAL HIGH SCHOOL COUNSELING SERVICES TRANSCRIPT REQUEST FORM

STUDENT'S NAME: _____ YEAR OF GRADUATION: _____

TODAY'S DATE: _____

SEND TO: _____

DEADLINE: _____

MUST HAVE SIGNATURE TO RELEASE RECORDS

PARENTAL SIGNATURE IF UNDER 18: _____
STUDENT IF OVER 18

DO NOT WRITE BELOW THIS LINE

DATE RELEASED

DATE MAILED

DIRECTOR OF SCHOOL COUNSELING: _____

Please fill this form out completely and email to WARYASD@PVRHS.ORG or fax at 973-306-0673