



Rutherford High School
GRADUATE
Transcript Request Form

Mail to: Rutherford High School, 56 Elliott Place, Rutherford, NJ 07070

Fax to: 201-438-7293

Email to: jmariano@rutherfordschools.org
or dcapobianco@rutherfordschools.org

Date: _____

Last Name: _____ First Name: _____
(Please print your name at graduation.)

Date of Birth: _____ Year of Graduation: _____

Day Telephone #: _____ Email: _____

Official transcripts will be forwarded directly to all third parties requesting verification. If the transcript is sent to you, it will be an unofficial copy. All emailed requests must be signed and scanned with signature of authorized graduate.

Destination/educational institution, company, etc:

Name/ATTN: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Print Name: _____

(Parent or guardian must sign if verification is for student under the age of 18)

For office use only:

Date Sent: _____ Sent by: _____