

**RUTHERFORD, NEW JERSEY**  
Rutherford High School

**Graduate/Alumni  
Transcript Request Form**

**Email to:** [jmariano@rutherfordschools.org](mailto:jmariano@rutherfordschools.org)  
**Drop off or mail to:**  
Rutherford High School  
ATTN: Guidance/Joy Mariano  
56 Elliott Place  
Rutherford, NJ 07070

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
*(Please print your name at graduation.)*

Date of Birth: \_\_\_\_\_ RHS Graduation Year: \_\_\_\_\_

Day Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

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*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: \_\_\_\_\_

Name/ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Admissions Email Address: \_\_\_\_\_  
**THIS MUST BE INCLUDED**

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

*For office use only:*

Date Sent: \_\_\_\_\_ Sent by: \_\_\_\_\_