



ABSEGAMI HIGH SCHOOL

201 SOUTH WRANGLEBORO ROAD ▪ GALLOWAY ▪ NJ ▪ 08205
609.652.1372 ▪ WWW.ABSEGAMI.NET

ALUMNI TRANSCRIPT REQUEST

Official academic transcripts will be mailed within 10 business days. Any transcript request mailed to a home address, will be mailed as “Unofficial.” Official copy of your high school transcript must be sent directly to a college/university, prospective employer, or background check service provider pursuant upon receipt of a student signed release.

Please complete this form and fax to 609-652-0139 or 609-404-9683

1) Your full name **while attending** Absegami:

(Last) (First) (Middle)

2) Year of graduation _____

3) If you did not graduate, please provide the last year you attended Absegami: _____

4) Date of Birth: _____ (Month, Day, Year)

5) Phone Number: _____

I am requesting an unofficial copy of my high school transcript. My home mailing address is:

I am requesting an official copy of my high school transcript to be mailed to the following college/university (include address):

NOTE: If you are requesting a copy of your health records, please check here _____
Health records will be mailed to your home address, college or university. Health records cannot be faxed. The student may also pick up a copy from Absegami when processing is completed. Students must present ID at time of records pick up.

Student Signature: _____ Print Student Name: _____

Date: _____

(revised 3/8/18)