



**NUTLEY HIGH SCHOOL  
SCHOOL COUNSELING DEPARTMENT**

RECORD RELEASE FOR GRADUATES

Requests require ten (10) schools days to process.

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

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please check box(es) for records being requested:

Transcripts       Test Scores       Health Records       504

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

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please choose one:

Email to: \_\_\_\_\_

Mail to address above       Fax to: \_\_\_\_\_

Pick Up. Person designated to pick up: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Please email, fax or mail request to:

Nutley High School  
School Counseling Department  
300 Franklin Ave.  
Nutley, NJ 07110  
Office: 973-661-8848

Fax: 973.661.8840

Email: [mpasquale@nutleyschools.org](mailto:mpasquale@nutleyschools.org)