



**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: 973.320-8012

Email: mpasquale@nutleyschools.org