

MORRIS KNOLLS HIGH SCHOOL  
SCHOOL COUNSELING DEPARTMENT

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**GRADUATE/FORMER STUDENT RELEASE OF RECORDS FORM**

First Name	Middle Initial	Last Name	Maiden Name
<hr/>			
Year of Graduation/Withdrawal			

**I hereby give Morris Knolls High School my permission to send my transcript to:**

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

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

\_\_\_\_\_

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

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

*Signature*

Your email: \_\_\_\_\_

Your phone number: \_\_\_\_\_

**Please return this form to:**

Email: [kdalman@mhrd.org](mailto:kdalman@mhrd.org) or [jjacobsen@mhrd.org](mailto:jjacobsen@mhrd.org)

Fax: 973-664-1483