

**MORRIS KNOLLS HIGH SCHOOL
SCHOOL COUNSELING DEPARTMENT**

GRADUATE/FORMER STUDENT RELEASE OF RECORDS FORM

First Name

Middle Initial

Last Name

Maiden Name

Year of Graduation/Withdrawal

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

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Address

City, State & Zip

Signature

Please send this form to:

Email: kdalman@mhrd.org or jjacobsen@mhrd.org

Fax – (973) 664-1483

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