

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**

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: ngomez@mhrd.org and jjacobsen@mhrd.org

Fax: 973-664-1483

***Note:** *Official transcripts can only be issued directly to colleges/institutions. Transcripts provided to former students would be unofficial copies.*