

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
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Year of Graduation/Withdrawal

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

Signature

Your email: _____

Your phone number: _____

Please return this form to:

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

Fax: 973-664-1483