



Hopatcong High School
Guidance and Counseling Department
Transcript Request Form

Student Name: _____

Date: _____

Maiden Name: _____

Cell Phone Number: _____

HHS Graduate - Class of: _____

Student Signature: _____

Date Received:	To be Sent To: College, Employer, or Other	Date Sent:

NOTE: - No transcript will be forwarded at my request without this form.
Please allow for at least two weeks prior to the deadline date.

Revised 1/28/2016