

Ocean City High School  
Ocean City, New Jersey 08226

Guidance Department  
(609) 399-1290, EXT. 4214  
Fax (609) 399-1966

[www.ocean.city.k12.nj.us/hs/guidance/](http://www.ocean.city.k12.nj.us/hs/guidance/)

**OFFICIAL TRANSCRIPT REQUEST FORM**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
Social Security Number

**PLEASE FORWARD MY OFFICIAL TRANSCRIPT TO:**

\_\_\_\_\_  
NAME OF POST SECONDARY INSTITUTION, ORGANIZATION OR INDIVIDUAL.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
PARENT OR ADULT STUDENT'S SIGNATURE

**DID YOU REMEMBER TO:**

Mail your application \_\_\_\_\_ (date).

Attach **SECONDARY SCHOOL REPORT** to this form.

Attach **MID YEAR GRADE REQUEST** to this form.

**OFFICE USE ONLY:**

\_\_\_\_\_  
DATE SENT