

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/

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