

**ABSEGAMI HIGH SCHOOL
201 S. Wrangleboro Road
Galloway, NJ 08205**

Main #: (609) 652-1372
Guidance #: (609) 652-1485
Guidance Fax #: (609) 404-9683

Transcript Request

Please fill out the following information and **mail or fax** to the Guidance Office:

- 1) Full Name (maiden if applicable) _____
(Last First Middle Initial)
- 1) Birth Date (mm/dd/yy) _____
- 2) Last 4 digits of Social Security # _____
- 3) Last year of attendance: _____ or Year of Graduation _____
- 4) Phone Number: _____
- 5) Requesting unofficial transcript mailed to me for personal use (check here) _____
When completed, please mail the unofficial transcript to: my home address:

I will pick up the unofficial transcript, please call me when completed _____

- 6) Requesting an official transcript (check here) _____

Official copy of your high school transcript must be sent directly to a college/university or place of employment. Please supply the full name and address of the college/university or place of employment.

***PLEASE NOTE: IT MAY TAKE UP TO SEVEN BUSINESS DAYS FOR PROCESSING.**

Signature: _____ Date: _____