



Hopatcong High School
Guidance and Counseling Department
Transcript/Health Records Request Form

Student Name: _____

Date: _____

Maiden Name: _____

Date of Birth: _____

Cell Phone Number: _____

HHS Graduate - Class of: _____

Student Signature: _____

Please circle one of the follow: Transcript Health Record/Immunizations

Records Recipient Name and Address: (College, Employer or Other)	Date Sent:

Office use only: Date Received: _____

Processed by: _____

NOTE: No transcript or Health Records will be forwarded without this form.
Please allow at least two weeks for processing.

Revised 8/24/2017