

MONTCLAIR STATE UNIVERSITY
HIGH SCHOOL TRANSCRIPT REQUEST

Please complete and sign this form and then **GIVE OR SEND IT TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR** . I hereby grant permission to my high school to release my school record to Montclair State.

SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STUDENT'S SIGNATURE _____

PARENT'S SIGNATURE _____

IF STUDENT IS NOT 18 YEARS OLD

YEAR OF
GRADUATION

APPLYING AS:

FRESHMAN

TRANSFER

FULL-TIME

PART-TIME

The above named student is applying to Montclair State. Would you kindly forward a complete transcript of record of the applicant to:

Office of Admissions
Montclair State University
Montclair, New Jersey 07043

Be sure the transcript includes:

Rank in Graduating Class. Specific rank from the top and number in class is needed. Junior rank is adequate if the student has not yet graduated. Please explain unusual ranking system.

Subjects currently under study (if applicable). We need these to certify minimum entrance requirements.

Counselor's Recommendation.

PLEASE ATTACH THIS FORM TO THEFRONT OF THE TRANSCRIPT
WHEN FORWARDING TO THE UNIVERSITY.
THANK YOU