



Perth Amboy High School

Transcript Request Form



Please allow 3 to 5 business days for processing from the time the request is received in our office. PAHS MUST have the signature of the former student to release transcripts. Only if former student is under 18 may a parent sign.

****Request must include a copy of your valid DRIVER'S LICENSE or STATE ID CARD****

Last Name:	First Name:	Student ID #:
Other Name(Maiden Name):		Date of Birth:
Last Year in Attendance:		Did Student Graduate? YES () NO ()
Contact Phone #:		Call when transcript is ready for pick up ()
Mail ___ Official Transcript(s) (Sealed in envelope w/ School Stamp) and/or Mail ___ Regular Copy to address:		
Mail ___ Official Transcript(s) (Sealed in envelope w/ School Stamp) and/or Mail ___ Regular Copy to address:		
Mail ___ Official Transcript(s) (Sealed in envelope w/ School Stamp) and/or Mail ___ Regular Copy to address:		
Fax # (if transcript is to be faxed):		Attn:

Student Signature (Mandatory): _____ **Date:** _____

I authorize _____ to pick up transcripts in person on my behalf.

Transcripts are \$1.00 per copy.

If paying by cashiers check or money order, make payable to: Perth Amboy High School

Please send all transcript requests w/payment to:
Perth Amboy High School
Attn: Transcripts
300 Eagle Avenue
Perth Amboy, NJ 08861

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(School Use Only)	PAID	OWES	NO CHARGE
Mailed / Faxed / Picked Up _____			