**Transcript Request Form**

Last Name: First Name: Middle Initial:

\*If you are now married, please list your maiden name while attending UHS

Maiden Name:

Individual / College/Company/ Name Requesting Transcript:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Cellular Number: Home/Office Number:

Birth Date (MM/DD/YYYY): Graduation Year:

Number of copies requested:

**Please mail request to:**

**University High School**

**Attn: Transcript Request**

**55 Clinton Place**

**Newark, NJ 07108**

**Please include the following with your mailed request:**

• $5.00 for each transcript that you request (Cash or Money Order **ONLY - NO CHECKS**)

• Self-stamped addressed envelope where you want your transcript(s) mailed.

If you have any questions, please contact the UHS Guidance Department at 973-374-2943