



**COLLEGE READY.
CAREER READY.
LIFE READY.**

EAST BRUNSWICK MAGNET SCHOOL

Michael Cappiello, *Principal*
Joseph Adochio, *Assistant Principal*
Jason Garzone, *Assistant Principal*
Morgan Lalevee, Ed.D. *Assistant Principal*

Transcript Request Date: ____/____/____

Please print your **FIRST AND LAST NAME USED WHILE ATTENDING SCHOOL** below:

I, _____, hereby authorize the Guidance/CST Department to send a complete transcript of my records to:

Name of College: _____

Email for College Admissions: _____

Address of College _____

City, State, Zip Code: _____

Department (if applicable): _____

Please check appropriate box:

GRADUATED Graduation Year: _____

DID NOT GRADUATE Years Attended: from _____ to _____

Student Signature: _____

Contact Phone Number: _____

Contact Email: _____

For office use only: ____pick up ____email ____USPS mail date: ____/____/____