

# LINDEN HIGH SCHOOL

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Federal and State Law prohibit the release of pupil records without parent or adult student written authorization. The school cannot release records without written permission.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
Name while in attendance: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
YEAR OF GRADUATION: \_\_\_\_\_

FOR NON-GRADUATES, LAST YEAR OF ATTENDANCE: \_\_\_\_\_

\*\*\*Allow 7 days for your request to be processed.\*\*\*

## SEND RECORDS TO:

Organization:	Organization:
Address:	Address:
City, State, Zip	City, State, Zip
Attn:	Attn:

Test scores of the College Board (SAT I & II) or The American College Test (ACT) are not part of the record and are not forwarded as part of the transcript. It is the responsibility of the student to have test scores sent directly by the test agency to colleges, etc.

PERMISSION IS GRANTED TO LINDEN HIGH SCHOOL COUNSELING DEPARTMENT TO RELEASE A TRANSCRIPT OF MY PUPIL RECORDS TO THE SCHOOLS/AGENCIES LISTED ON THIS REQUEST.

**INCLUDE A VALID FORM OF ID WITH YOUR REQUEST.**

STUDENT/PARENT SIGNATURE \_\_\_\_\_

Note: Any other organizations, agencies and persons from outside the school must secure written authorization for the release of such transcript.