



# CINNAMINSON HIGH SCHOOL

1197 RIVERTON ROAD, CINNAMINSON, NEW JERSEY 08077-2497 856 829-7770

FAX NUMBER 856 829-7777

## TRANSCRIPT REQUEST FORM

(For Alumni only)

Student's name: \_\_\_\_\_

Maiden name (if married): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name and address where official transcripts are to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request to have my records forward to the above address.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send request to:

Cinnaminson High School  
Guidance Office  
1197 Riverton Rd Cinnaminson, NJ 08077  
Or  
FAX - 856-829-9032