



HILLSBOROUGH TOWNSHIP
PUBLIC SCHOOLS
Counseling Department

379 S BRANCH RD • HILLSBOROUGH • NJ • 08844-1499 • (908) 431-6600 • FAX (908) 874-3762
Jessica Smedley, Ed. S., LPC, Director of Guidance

AUTHORIZATION TO RELEASE STUDENT TRANSCRIPT

PLEASE SIGN AND RETURN
THIS ACKNOWLEDGMENT STATEMENT
TO YOUR GUIDANCE SECRETARY

(Please **PRINT** all information)

I hereby authorize Hillsborough High School to release

_____ records for the purpose of _____
(PRINT Student's Name) (College, Military, Special Programs)

<input type="checkbox"/> Transcript	<input type="checkbox"/> Discipline Records
<input type="checkbox"/> Report Cards	<input type="checkbox"/> Standardized and State Assessments
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Special Education Records	

Signature of Parent / Guardian

Date

A student's records will **NOT** be released until this form is signed and returned.

If you have any questions, please email your school counselor.

Unless otherwise noted, this release of information will be valid for 1 year from the date of the parent/guardian signature.

Thank you,

Jessica Smedley
Director of Guidance