

# Transcript/Records Request

(For Graduates and Former Students)

Fee: \$3.00 per transcript

Fill out form and return to  
**James Caldwell High School**  
Guidance Office  
265 Westville Avenue  
West Caldwell, NJ 07006

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

Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Date last attended JCHS: \_\_\_\_\_  
(If you did not graduate)

Telephone # \_\_\_\_\_

**Requesting:**

Transcript

Official

Unofficial

**Send to:**

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

**Office Use:**

Paid: \_\_\_\_\_

Date Mailed/Picked Up: \_\_\_\_\_