Paul VI High School
901 Hopkins Road
Haddonfield, NJ 08033
856 858-4900

GUIDANCE DEPARTMENT
PERMISSION TO TRANSMIT PUPIL RECORDS

_____
Student's Last Name First Name Middle Initial Social Security Number

I, as parent or guardian of _____
request that Paul VI High School forward, as indicated below, the pupil records of the above named student.

Transmittal Instructions

_____ To any school, college, employer or scholarship agency that the student requests.

_____ To only the schools, colleges, employers or scholarship agencies listed below:

_____ _____

_____ _____

_____ _____

Parent Signature_____ Date_____

Student Signature_____ Date_____

NO APPLICATIONS WILL BE PROCESSED WITHOUT THIS FORM