

Transcript Request Form

Office Use Only:	
Fee Paid:	_____
Receipt #:	_____
Report:	_____
Mailed:	_____

Cristo Rey Newark High School
Office of the Registrar
239 Woodside Ave
Newark, NJ 07104
\$5.00 fee per transcript request must accompany form
First two transcript requests for seniors ONLY are free

Number of copies requested: _____ Graduation year: _____

Name while in attendance at Cristo Rey Newark/Christ the King Prep:

Please check all that apply:

Official Copy Student copy Graduate Transcripts

Please print your current contact information below:

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Print the name and address to whom the transcript should be sent (College, Institution, etc.)

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

**Federal law prohibits issuing a transcript without parent/student permission.
Transcripts will be processed within 2-5 business days.**