



**PLAINFIELD HIGH SCHOOL**  
**950 Park Avenue**  
**Plainfield, New Jersey 07060**  
**Attn: Records**

**TRANSCRIPT/DIPLOMA REQUEST FORM**

DATE: \_\_\_\_\_

The standard processing time for school transcript is approximately **10-15 working days**. **Diplomas are approximately 12 weeks**. Academic Institutions generally require that they receive an official transcript directly from Plainfield High School which is considered as confidential/legal document. Please pay by cash or money order, **no personal checks**. If you are mailing in a request, please send with identification, driver's license preferred. **(ALL OFFICIAL TRANSCRIPTS MUST BE MAILED, NO HAND DELIVERY OF OFFICIAL TRANSCRIPT(S))**

**Transcript - \$7.00 per transcript /Diploma - \$40.00 PAY BY MONEY ORDER ONLY**

Applicant Last Name \_\_\_\_\_

Last Name

First Name

Maiden Name

Date of Birth: \_\_\_\_\_

Month/Day/Year

Graduation Date

Phone Number

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Request Type:**  Transcript  Diploma  Health Records  Letter

**Purpose For Your Request Please Check Below**

- College/School/Business
- Motor Vehicle
- IRS
- Vital Statistic (Change of name, Date of Birth, Social Security etc.)
- Passport
- Proof of Address
- Immigration
- Other \_\_\_\_\_

**Signature ONLY for Pick-up** \_\_\_\_\_

**SEND RECORD(S) TO: (Please print clearly below)** Release Signature \_\_\_\_\_

1. \_\_\_\_\_  
 (Name of School/Designee)  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, State , Zip Code

2. \_\_\_\_\_  
 Name of School/Designee  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, State, Zip Code

**Plainfield High School, 950 Park Avenue, Plainfield, New Jersey 07060**

**Receipt**  
 Money Order \_\_\_\_\_  
 Proof of Identification used: \_\_\_\_\_  
 Date Received \_\_\_\_\_