



HILLSBOROUGH TOWNSHIP  
PUBLIC SCHOOLS  
Counseling Department

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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