



**THOMAS JEFFERSON HIGH SCHOOL**

310 OLD CLAIRTON ROAD  
JEFFERSON HILLS, PA 15025  
PHONE: 412-655-8610  
FAX: 412-655-8618  
[www.wjhsd.net](http://www.wjhsd.net)

**WEST ELIZABETH - JEFFERSON HILLS - PLEASANT HILLS**

**PETE MURPHY**  
*Principal*

**PAUL WARE**  
*Assistant Principal*

**ADAM KNARESBOROUGH**  
*Assistant Principal*

**HIGH SCHOOL TRANSCRIPT RELEASE FORM**

Legal enrollment name:

\_\_\_\_\_  
Last (Maiden) First Middle

Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Authorization is granted for release and/or faxing of my high school transcript or information therein to ANY educational institution, scholarship committee, athletic inquiry, Armed Service Branch, or prospective employer upon their request.

\_\_\_\_\_  
Student Signature (if 18)

\_\_\_\_\_  
Parent/Guardian Signature (student under 18)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\*+\*

If you are a former student, please complete the section below and return the completed form to the Guidance Office at Thomas Jefferson High School. Please include a \$1.00 processing fee, payable with cash or money order only (personal checks cannot be accepted.) Thank you.

**Mail to (School/Agency)**

**Complete Address**

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