WEST Elizabeth
JEFFERSON
Pleasant *HILLS* *SCHOOL DISTRICT*

THOMAS JEFFERSON HIGH SCHOOL
310 OLD CLAIRTON ROAD
JEFFERSON HILLS, PA 15025

Mr.Timothy Haselhoff, Principal
Mr. Paul Ware, Associate Principal
Mr. Keith Hartbauer, Vice Principal

Phone (412) 655-8610
Fax (412) 655-8618
www.wjhsd.net
Guidance Office Fax: (412)943-1172

HIGH SCHOOL TRANSCRIPT RELEASE FORM

Legal Enrollment Name:

_____

Last (Maiden) First Middle

Graduation Date: _____ Date of Birth: _____

Check all options that apply:

_____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.

NAME COMPLETE ADDRESS

_____

_____

_____

It is my understanding that a copy of these records can be obtained by me upon request and payment of costs.

_____ _____ _____

Student Signature (If 18) Parent/Guardian Signature (If student under 18) Date

_____

Telephone Number

If you are a former student, please include a $1.00 processing fee when returning this completed form to the Guidance Office at Thomas Jefferson High School. Thank you.

C:forms/transcript.release

Date Records Sent: _____

It is the policy of the West Jefferson Hills School District to not discriminate on the basis of sex, handicap, age, race, color, and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 5904 and Title VI. For information regarding services, activities, programs, and facilities that are accessible to and usable by handicapped persons or about your rights or grievance procedures, contact the Director of Human Resources at 412-655-8450 x2228.