

WEST Elizabeth
JEFFERSON
Pleasant **HILLS**



SCHOOL DISTRICT

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

Mrs. Suzan Petersen, Principal
Mr. Paul Ware, Associate Principal
Mr. Keith Hartbauer, Vice Principal

Phone (412) 655-8610
Fax (412) 655-8618
www.wjhsd.net

HIGH SCHOOL TRANSCRIPT RELEASE FORM

Legal Enrollment Name:

Last	First	Middle
Graduation Date: _____		Date of Birth: _____
Date Records Sent: _____		
Paid (Office Use): _____		

Check all options that apply:

- A. Authorization is granted for release 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.
- B. Authorization is granted for release of my high school transcript or information therein to the FOLLOWING educational institution, scholarship committee, athletic inquiry, Armed Service branch, or prospective employer:

NAME

COMPLETE ADDRESS

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

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		

Please include a \$1.00 processing fee when returning this completed form to the Guidance Office at Thomas Jefferson High School. Thank You.