THOMAS JEFFERSON HIGH SCHOOL
310 OLD CLAIRTON ROAD
JEFFERSON HILLS, PA 15025
PHONE: 412-655-8610
FAX: 412-655-8618
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

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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. Thank you.

Mail to (School/Agency) **Complete Address**

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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. 19-20