



WEST MIFFLIN

Area School District

HIGH SCHOOL ACADEMIC RECORDS RELEASE FORM

Legal Enrollment Name:

Last (Maiden)	First	Middle
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Date of Birth: _____ Phone Number: _____

Please Circle One

Graduation Year: _____ From: West Mifflin North HS
 West Mifflin South HS
 West Mifflin Area HS

Name of College, School or Agency and Complete Address:

Authorization is granted to West Mifflin Area High School for release of my high school transcript or information therein to the above College, School or Agency.

_____ Signature	_____ Date
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Please include a **\$1.00 processing fee** when returning this completed form to the Guidance Office at West Mifflin Area High School. Thank You.

Chad Licht – Principal
 Melissa Welsh – Assistant Principal
 Robert Yeschenko – Assistant Principal

West Mifflin Area High School
 91 Commonwealth Avenue
 West Mifflin, PA 15122
 (412) 466-9131 ext. 1007
 (412) 466-8185 Fax
 District Website www.wmasd.org