HIGH SCHOOL ACADEMIC RECORDS RELEASE FORM

Legal Enrollment Name:

Last (Maiden)                             First                                     Middle

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

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
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West Mifflin, PA 15122
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(412) 466-8185 Fax
District Website www.wmasd.org