



WEST MIFFLIN
Area School District

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

PLEASE CHECK ONE OF THE FOLLOWING BOXES:

- ☐ **No processing fee** for transcripts that are emailed to the Applicant, College, School or Agency
- ☐ Please include a **\$1.00 processing fee** for transcripts that are to be mailed by USPS to a College, School or Agency when returning this completed form to the Guidance Office at West Mifflin Area High School.

Complete address or email to which we will be sending transcript to:

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

Chad Licht – Principal
Robert Yeschenko-Assistant Principal

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