

**WASHINGTON TOWNSHIP HIGH SCHOOL
GUIDANCE DEPARTMENT**

Student Information Release Form

Social Security No. _____
Current Phone No.

Last Name First Name Maiden Name

YEAR OF GRADUATION: _____ or DATE OF WITHDRAW: _____

I request that my TRANSCRIPT and/or HEALTH RECORD be released to:
(circle one of the above)

Name of College/Agency

Address

City State Zip Code

College/Agency Deadline Date: _____

Washington Township High School will not release, in any form, to any persons or agencies other than those listed above, student records without written consent from concerned individuals.

THE OFFICIAL HIGH SCHOOL RECORD WILL CONTAIN THE FOLLOWING:

- ◆ Official Administration Record (Name, Address, Birth Date, Level Completed, Grades, Class Standing, Grade Point Average, Attendance)
- ◆ College Placement Tests

Signature _____
Date

*(Parent signature required if under 18 years of age)

Parent's Signature _____
Date

(Office Use Only)
Date Sent _____ By _____