



# WESTLAKE HIGH SCHOOL

Guidance Telephone: (440) 835-6375

27830 Hilliard Blvd.  
Fax: (440) 250-1034

Westlake, OH 44145  
C.E.E.B. Code: 365-450

## STUDENT RECORD RELEASE

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, the dissemination of a student's records to other educational institutions and interested third parties will occur only upon receipt of a written request (1) from the parent/guardian of students under 18 years of age or (2) from the student concerned if he or she is 18 years of age or older.

You are authorized to release an official copy of the high school transcript of:

Student's Name	Social Security Number	Phone Number
Grade Level _____ or year graduated _____		Birthdate _____

### To the following:

1.

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**- For Office Use Only -**

Trans/Test/Prfl \_\_\_\_\_  
 Clg Prep Form \_\_\_\_\_  
 Online \_\_\_\_\_  
 Secondary Rpt \_\_\_\_\_  
 Counselor Rec \_\_\_\_\_  
 Date Sent \_\_\_\_\_

2.

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 Secondary Rpt \_\_\_\_\_  
 Counselor Rec \_\_\_\_\_  
 Date Sent \_\_\_\_\_

3.

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4.

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 Clg Prep Form \_\_\_\_\_  
 Online \_\_\_\_\_  
 Secondary Rpt \_\_\_\_\_  
 Counselor Rec \_\_\_\_\_  
 Date Sent \_\_\_\_\_

**\*\*REMEMBER : PLEASE ALLOW FIFTEEN (15) WORKING DAYS TO PROCESS ANY FORM (Transcripts, recommendations, etc.)\*\***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Student if 18 years of age; parent or legal guardian)

Date Paid: \_\_\_\_\_

**\*\*Deadline Date? Y / N  
If YES, When? \_\_\_\_\_**

**CURRENT WHS STUDENTS ONLY:** Test card includes OGT, PLAN, PSAT, ACT, SAT and AP Test scores if these tests were taken and if they were reported to WHS. Please indicate below whether or not you would like your test card included.

**YES, include card** \_\_\_\_\_

**NO, do not include card** \_\_\_\_\_

**FEE: \$6.00 per transcript** [Cash or Money Order; Will **NOT** Accept Personal Checks as of August 2002!] **All Returned Checks are subject to a \$30 additional fee!**