

**AUTHORIZATION FOR RELEASE OF HIGH SCHOOL TRANSCRIPT
WEST GEAUGA HIGH SCHOOL
13401 CHILlicoTHE ROAD
CHESTERLAND, OH 44026
(440) 729-5950-PHONE
(440) 729-5959-FAX**

DATE: _____

NAME _____ / _____
(Name while attending WG if different)

YEAR OF GRADUATION _____ If not a graduate please state last year attended _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____

PHONE _____

*Your transcript includes: G.P.A. and year-end final grades.

Please release my official unofficial transcript to the following:

- | | |
|---|--|
| <input type="checkbox"/> Technical School | <input type="checkbox"/> College or university |
| <input type="checkbox"/> Place of Business | <input type="checkbox"/> Military |
| <input type="checkbox"/> Scholarship foundation | <input type="checkbox"/> Self (Unofficial copy only) |

MAIL TRANSCRIPT TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

****Please include full address above to insure accuracy. If the office staff must look up the address it will delay sending of your records. Thank you.**

Signature

If under 18 - signature of parent/guardian required

Only the current year's withdrawals and transcripts dating back to 2000 are available in the guidance office. All other records are in a storage facility. If it is necessary to retrieve your transcript from the storage facility, there is a charge of \$3.00 for each transcript requested.

**Please make check payable to:
West Geauga Board of Education**