

**Transcript Release Form
West Greene High School
1352 Hargus Creek Road
Waynesburg, PA 15370**

Using ink, please complete and sign the form below.

Name: _____

Year of Graduation: _____

Home Address: _____

Phone Number: _____

School Transcript for: Include the address if we mail transcript	I will mail	School will mail	Date mailed (Office use only)
1. _____ _____ _____	_____	_____	_____
2. _____ _____ _____	_____	_____	_____
3. _____ _____ _____	_____	_____	_____

My signature below authorizes release of my student's grades and test results. Parent signature is required for students under 18 years of age.

Student Signature

Date

Parent Signature

Date