

WARWICK HIGH SCHOOL TRANSCRIPT RELEASE FORM – PAST GRADUATES

Warwick High School
 Counseling Department
 301 W. Orange Street
 Lititz, PA 17543
 WHS CEEB / School Code: 392-300

Please complete this form by checking the appropriate boxes. **Refer to the back for directions.** For any information that requires mailing there is a \$3.00 fee per transcript for past graduates. **Please allow at least 10 school days for processing.**

Student Name on WHS Records: _____

Graduate Current Name (if different from above): _____

Telephone Number: _____

Graduation Year: _____ Date of Birth: _____

Colleges and Universities require official SAT or ACT scores. Students must contact collegeboard.com (SAT) or actstudent.org (ACT) to have official scores sent. Warwick does not post scores on student transcripts.

Send To: Name of college, scholarship or NCAA or "unofficial" for visits.	Deadline	ED, EA, RD, or Rolling	Online School Specific App. Y or N	Common App. Y or N	Paper App. Y or N	Counselor Form or Sec. School Report (MUST attach Letter of Rec form) Y or N	Teacher Letter of Recommendation To include the following teachers (List Names)	FINAL TRANSCRIPT

I understand it is my responsibility to complete all required supplemental materials. It is my responsibility to ensure that the college has received all required application materials.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Date Uploaded: _____ Date Mailed: _____

