

WARWICK HIGH SCHOOL TRANSCRIPT RELEASE FORM – PAST GRADUATES

Warwick High School
Counseling Department
301 W. Orange Street
Lititz, PA 17543
WHS CEEB / School Code: 392-300D
Fax Number: 717-627-6641
Email: Kathy Miller (kmiller@warwicksd.org)

Please complete this form by checking the appropriate boxes. For **any information that requires mailing there is a \$3.00 fee per transcript. 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:	Deadline	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: _____

