

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Waynesboro High School Counseling Department

From: _____

(Print Student Full Name at time of attendance)

Date of Birth: _____ Last 4 of Social Security #: _____

Year of Graduation: _____ or Last Year Attended: _____

Contact Information (phone) _____

Email Address: _____

Print an Address of where you would like your transcript sent? _____

If you would like to pick up your transcript at WHS how may we contact you when it is ready?

Signature of Student: _____

Parent/Guardian Signature if student under the age of 18: _____

Please contact Cyndi Farrar/ Registrar if you have any questions at 540-946-4620 or at cfarrar@waynesboro.k12.va.us

There is a \$2.00 fee for transcript. Please make checks payable to WHS.