



MASSILLON WASHINGTON HIGH SCHOOL

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www.massillonschools.org

TRANSCRIPT RELEASE FORM

Please allow 1 week for processing of transcripts. Complete this form and return it to the WHS main office. All requests must be made in writing. There is a \$2.00 fee for all transcripts except for current students and the most recent graduating class.

I give my permission to release my high school transcript which will include grades, credits, class rank, test scores (results of the Ohio Graduation Test or Ohio Proficiency Test if applicable) and date of graduation.

NAME _____ SOCIAL SECURITY # _____
*make sure it is the name used in high school (ie: maiden name)

DATE OF BIRTH _____ DATE LAST ATTENDED W.H.S. _____

DAYTIME PHONE # (to contact you when transcript is ready for pickup) _____

OR TRANSCRIPT WILL BE MAILED DIRECTLY TO:

Name of school, firm, etc.

Street Address

City, State, Zip Code

SIGNATURE

DATE

Signature of parent or legal guardian is required if the student is under 18 years of age. If the student is 18 years of age or older, the signature must be that of the student.