



**WESTON
HIGH SCHOOL**

444 WELLESLEY STREET
WESTON, MASSACHUSETTS 02493-2636

TEL 781-786-5820
FAX 781-786-5829

RELEASE/TRANSFER OF SCHOOL RECORDS

This completed form is required in order to release your transcript to any institution. It must be completed and signed by the person requesting the release of their own records; someone cannot release your records for you. This form can be faxed or mailed to Christina Kalil, Guidance Administrative Assistant, to the address or number above. Emails to kalilc@weston.org require this form signed, scanned and attached as we require the signature of the student releasing the records.

Note that the school retains only a student's transcript in its permanent record. Please be aware that it can take up to 3 business days to prepare the transcript for release.

Permission is granted to release the official transcript of school records regarding:

Student Name (*upon graduation*): _____

Address: _____

Email: _____

Date of Birth: _____ Year of Graduation: _____

Release to (*include name of institution and location or address*):

1. _____
2. _____
3. _____
4. _____
5. _____

If additional transcripts are required, please attach a list.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If student is 17 years old or younger, parent signature is required.)

OFFICE USE:

Transcript reviewed and approved: _____ Date: _____