



# Westlake Alumni Transcript Request

**WESTLAKE HIGH SCHOOL  
27830 Hilliard Blvd. Westlake, OH 44145**

*Counseling Office: (440-835-6375) Fax: (440) 835-5572 C.E.E.B. Code: 365-450*

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, the dissemination of a student's records to other educational institutions and interested third parties will occur only upon receipt of a written request (1) from the parent/guardian of students under 18 years of age or (2) from the student concerned if he or she is 18 years of age or older.

***\*Please allow 5 working days to process form\*  
Official transcripts will not be sent without payment.***

**You are authorized to release an official copy of the high school transcript of:**

Student's Name (Include Maiden & Married if applicable) \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Birthdate \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**To the following:** (College/employer & address/email)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| _____    | _____    |
| 3. _____ | 4. _____ |
| _____    | _____    |
| _____    | _____    |

**\*\*REMEMBER : PLEASE ALLOW FIVE (5) WORKING DAY TO PROCESS FORM \*\***

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **\*\*Deadline Date? Y / N If YES, When?** \_\_\_\_\_

**FEE: \$5.00 per transcript [Cash or Check ]**

*Mail form and \$5 fee to:* **WESTLAKE HIGH SCHOOL  
27830 Hilliard Blvd.  
Westlake, OH 44145**