



Student Record Release

WESTLAKE HIGH SCHOOL
Phone: (440) 835-6375

27830 Hilliard Blvd.
Fax: (440) 835-5572

Westlake, OH 44145
C.E.E.B. Code: 365-450

Student Name:			Date Submitted to Counseling Office:	
< < List Colleges Below > >	Early Decision / Early Action / Regular Decision	Deadline	Common App status (if applicable)	\$3 (cash) transcript fee paid?
	☐ ED ☐ EA ☐ RD		☐ Submitted ☐ Not submitted	☐ Yes ☐ No
	☐ ED ☐ EA ☐ RD		☐ Submitted ☐ Not submitted	☐ Yes ☐ No
	☐ ED ☐ EA ☐ RD		☐ Submitted ☐ Not submitted	☐ Yes ☐ No
	☐ ED ☐ EA ☐ RD		☐ Submitted ☐ Not submitted	☐ Yes ☐ No
	☐ ED ☐ EA ☐ RD		☐ Submitted ☐ Not submitted	☐ Yes ☐ No
	☐ ED ☐ EA ☐ RD		☐ Submitted ☐ Not submitted	☐ Yes ☐ No
	☐ ED ☐ EA ☐ RD		☐ Submitted ☐ Not submitted	☐ Yes ☐ No
Special Instructions:				<u>Total Paid</u>

**Please note: you must allow 10 working days to process requests for recommendations and transcripts to be sent.
Requests are processed based on deadline, not necessarily by order received.*

Record Release Parent Authorization

My signature authorizes the Westlake High School Counseling Office to prepare and release all transcripts and other college materials that are requested as part of college applications, scholarship applications and/or athletic recruiting by college coaches.

Parent Signature: _____ Date: _____

Test Score Policy Notification

I understand that it is my responsibility as a student to arrange for my ACT and/or SAT scores to be sent to my chosen institutions directly from the testing company, and they will not be sent by Westlake High School.

Student Signature: _____ Date: _____