





Release of Information (please print clearly)

Official Transcript: \$10.00, OSR Documents: \$10.00, Replacement Diploma: \$25.00

I hereby authorize Westview Freedom Academy to release school records concerning myself. Please note Government issued photo ID will be required upon pickup.

| Full Name used while attending high school (First, middle and last name) | | | |
|--|------------------|------------------|--------------------------|
| Date of Birth | | | |
| Current Mailing Address (Address, city, province, postal code) | | | |
| Telephone & Email address | | | |
| Signature & Date | | | |
| (Please select), | Century | Forster | Westview Freedom Academy |
| Last School & year attended | Year: W.M. Hands | Year: Cal-Tec | Year: Shawnee |
| Notes to Office | Year: | Year: | Year: |
| FOR OFFICE USE ONLY | | | |
| Paid in Full:Y | resNo | | |
| Completed by: | | _Date Picked up: | |