

ARCHBISHOP WOOD HIGH SCHOOL
655 York Road
Warminster, PA 18974

TRANSCRIPT RELEASE FORM

I hereby authorize Archbishop Wood High School to release a copy of my high school transcript to:

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Graduate's Name: _____

Maiden Name: _____

Current Address: _____

Home/Cell #: _____

Email: _____

Year of Graduation: _____ Last Year Attended: _____

Signature: _____ Date: _____

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