West Shore Jr/Sr High (321) 242-4741 School 250 Wildcat Alley Melbourne, FL 32935-4741

GUIDANCE DEPARTMENT		DATE	
STUDENT NUMBER		PHONE #	
RE:			
Student's Name		Date of Birth	Graduation Date
I hereby give my permiss	sion to transfer records f	rom West Shore Jr/Sr	High School
Nar	ne of Institution or Agen	ey	
· ————————————————————————————————————	Address Street		<u> </u>
City	State	Zip Cod	le
Student's Signature (if 10	or over)		
Parent's Signature			
(ACT and PLA NO, I do not g (test results from NO, I do not g	AN) test results to the req ive permission to West S	uested post-secondar hore to release my chi e(s) Shore to release my ch	ld's (SAT, SA1, SA2, SA3 and Pa
	ADDITIONAL REQU	JEST	
1. DATE	NAME OF INSTITUT	ΓΙΟΝ A	ADDRESS
2. DATE	NAME OF INSTITU	FION	DDRESS