



Western High School

1200 SW 136 Avenue ■ Davie, FL 33325

754-323-2400 Phone

754-323-2530 Fax

Website - browardschools.com/western

Jimmy Arrojo, Principal

Previous school

School Name: _____

Address: _____

City, State, Zip _____

Phone: _____

Fax: _____

Please fax or mail official transcripts, test scores, and health records for:

Name of Student (Print)

Grade

Date of Birth

TO: WESTERN HIGH SCHOOL

Office of the Registrar

1200 SW 136 Avenue

Davie, FL 33325-4304

Fax: 754-323-2482

Consent for Release of Records

You have my permission to release the official school records including education,
Psychological and Medical records

Signature of Person Giving Permission (Print and sign name)

Date

Relationship: (Please circle one) Parent Guardian other

The new Federal Law 99.21 states that "NO PARENT SIGNATURE REQUIRED FOR
EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY."