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High School Transcript Waiver

Please print clearly.

Name			
First	Middle	Last	
Address			
City	State	ZIP _	
Phone Number	Soci	al Security/ID Number 🗆 🗆 – [
High School Name			
Address			
City	State	ZIP _	
School Phone Number		Graduation Date	
	J Brooklyn to contact the high sching standardized test scores, if av		
Signature		Date	