



SECTION 1: Personal Data: To be completed by the applicant

Social Security Number _____

Last Name _____ First Name _____ MI _____

Address _____
Number and Street/Route Number and/or Box Number

City _____ State _____ Zip _____

I, the undersigned, do hereby authorize the release of my secondary academic performance record to the West Virginia Higher Education Policy Commission

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

SECTION 2: High School Data and Test Scores | To be completed by school official: This section is applicable ONLY to high school graduates who have not completed any college hours after high school graduation.

Please complete the following information for the above applicant.

_____ Name of High School _____ High School Code Number _____

_____ Date of High School Graduation _____ High School Overall Grade Point Average _____

_____ Date of GED Examination (if not a High School graduate) _____ High School Core Grade Point Average _____

_____ GED Average Score (if not a High School graduate)

ACT	
Test Date:	
	MM/YY
English	
Math	
Reading/Soc. Sci.	
Sci. Reas/ N. Sci.	
Composite	

SAT	
Test Date:	
	MM/YY
Verbal	
Math	
Total	

SECTION 3: Official Signature: To be completed by the school official:

_____ School Official's Signature _____ Date Completed by School Official _____

Please Return To:

Office of Financial Aid and Outreach Services
West Virginia Higher Education Policy Commission
1018 Kanawha Boulevard, East, Suite 700
Charleston, West Virginia 25301