

**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

