

**Yorktown High School**  
**Guidance Center**  
**Yorktown Heights, New York 10598**

**Transcript Waiver Form**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I wish to have the following items ***deleted*** from my child's official transcript which will be sent to the colleges, universities, and/or schools to which she/he applies.

- ? **All PSAT** scores
- ? **All SAT** scores
- ? **All ACT** scores
- ? **Advanced Placement (AP) Test(s) in**  
***(added to transcript by request only):***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

|  |
|--|
| <p><b>For Office Use:</b></p> <p><b>Date of Change:</b> _____</p> <p><b>Signature:</b> _____</p> |
|--|