



WEST SALEM HIGH SCHOOL



Student Services Office
490 N. Mark Street
West Salem, Wisconsin 54669
608-786-1220 - FAX 608-786-2813

Official Transcript Request

I hereby authorize the West Salem School District to release my official transcript to:
(include name of college/school and complete address and/or FAX number)

- (1) _____
- (2) _____
- (3) _____

(\$3.00 charge per transcript payable at time of request.)

STUDENT NAME (include middle initial): _____

FORMER NAME: _____ Year Graduated: _____ Date of Birth: _____

PRESENT ADDRESS: _____

E-MAIL ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE REQUESTED: _____

FOR OFFICE USE	
DATE SENT/BY: _____	FEE RECEIVED: _____

Below is only for students currently in high school:

PARENT/GUARDIAN SIGNATURE (if under 18): _____

OFFICIAL TRANSCRIPT: _____

- PROGRESS RECORDS: _____ Grades
- _____ ACT, SAT, or other standardized achievement tests
- _____ Attendance records
- _____ Grading Scale

- BEHAVIORAL RECORDS: _____ Test Scores
- _____ Psychological Tests
- _____ M-Team Records
- _____ I.E.P.'s

HEALTH RECORDS: _____ Immunization Records/Health File