



# WEST SALEM HIGH SCHOOL



Student Services Office  
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## 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, email 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