



West Salem High School Student Services Office

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I hereby authorize the West Salem School District to release my official transcript to:

(include name of college/school and complete address/fax number/email address)

1. _____
2. _____
3. _____

STUDENT NAME: _____

Former Name: _____

Date of birth: _____ Phone: _____

Current Address: _____

Email address: _____ Grade Year: _____

Signature: _____ Date: _____

For Office Use Only

Date Sent/By: _____