



**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: \_\_\_\_\_***