

Shawano Community High School
220 County Road B
Shawano, WI 54166

Last Name _____

Class of: _____



High School Transcript Request Form

STUDENT INFORMATION

_____		_____	
Name (Last, first, middle initial)		Former Name (Maiden Name)	
_____		_____	
Street address	City	State	ZIP Code
_____	_____	_____	_____
Primary phone number	Date of Birth	E-mail address	
_____	_____	_____	

Permission to:

- Send copy to: _____
- Fax Copy to: _____
- Email scanned document to _____

Please sign below to indicate it is permissible to send educational records on your behalf.

Signature _____ Date _____

Please email this form back to: grahla@shawanoschools.com or Fax to: 715-526-2102

Please note that an "official transcript" is a document that must contain a seal from an educational institution, that comes directly from one institution to another, and is delivered in a sealed envelope. Hand delivered and/or faxed copies are not accepted by institutions of higher learning as "official."

For Administrative Use Only: Date received _____

Action taken _____

_____ Date _____

Action taken _____

_____ Date _____