

South Milwaukee High School
801 - 15th Avenue
South Milwaukee, WI 53172

**TRANSCRIPT RELEASE FORM
For Former Students**

Main Office Phone: (414) 766-5100

Main Office Fax: (414) 766-5131

___ \$6.00 Regular Service: Please allow 3-5 days for processing

___ \$10.00 Rush Service: Processed same day

**--- CASH, CHECK OR
MONEY ORDER ONLY ---**

Date of Request _____

I hereby authorize the School District of South Milwaukee to release copies of the pupil records for:

Student's Name

Release to: _____
(Name/Address) _____

_____ Release Transcript

_____ Release Immunization Records
(No Charge when Requesting
Immunization Records Only)

The following items are included in your Transcript:

- Attendance Record
- Grades
- Standardized Achievement Tests
- Statement of Courses Taken
- Statement of Extracurricular Activities

Also included for Students attending prior to 1994:

- Intelligence Tests
- Personality Evaluation

PLEASE NOTE: There may be a
delay in processing if the former
student has outstanding obligations.

Year Graduated _____ or Year Withdrawn _____

Valid Only if Signed by Adult Former Student

Date of Birth if Adult Pupil

Office Use Only

Date Records Prepared/Sent _____ Fee Paid \$ _____

Recorded _____ by _____ Receipt # _____

Asked to see
photo ID before
releasing
transcript