TRANSCRIPT REQUEST FORM

**(Only For Graduates Prior To and Including 2005)**

REQUEST FROM:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AKA, Maiden Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Pulaski High School permission to send a copy of my

 (student’s name)

official transcript to the name and address identified below.

WHERE TRANSCRIPTS SHOULD BE SENT

(Name and Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  You must submit this form and **$3.00 fee** to the following address before your application will be processed. (Check/money order payable to Pulaski High School)**Pulaski High School****Student Services****1040 S St Augustine St****Pulaski, WI 54162** |

By submitting this completed form, I authorize the Counselors at Pulaski High School to forward a transcript to the institution listed above. The Family Educational Rights & Privacy Act of 1974 states that in order to release school records, there must be a written consent of a parent (or student if 18 years of age or older).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature, Date)