

TRANSCRIPT REQUEST FORM

Student's Name on school records:

_____ (last) (first) (middle initial)

Date of Birth _____ Year of Graduation _____

Contact Phone Number _____

TRANSCRIPT REQUEST FEE
\$2.50 for each transcript

Send copy of transcript to: _____

For current students only-

Send copy of ACT/SAT scores*: ___ No ___ Yes _____ Which date?

***Note: Schools may require an official copy of test scores be sent directly from the testing agency.**

Student Signature _____ Date _____

Parent Signature (if student is under age 18) _____

Please mail completed request form with payment to:

MILTON HIGH SCHOOL
Attn: Transcripts
114 W. High St.
Milton, WI

Office Use Only

Hand Carry _____
Mailed _____
Faxed _____