

TRANSCRIPT RELEASE AUTHORIZATION

STUDENT NAME (print) _____ Date of Birth _____

FORMER NAME IF APPLICABLE _____

I authorize Wausau East High School to send a copy of my transcripts to: (Please list the name and address of agencies to received transcript (s) below)

1. _____ 2. _____

3. _____ 4. _____

I **do not** want a copy of my ACT, SAT or PSAT scores sent with my transcript.

Check here.

Year of Graduation _____ If Non-Grad., year last attended _____

Signature _____ Date _____

(Parent must also sign if you are under 18)

Parents Signature _____ Date _____

Wausau East High School, Attn: Counseling Office, 2607 N 18th St., Wausau, WI 54403
Fax #715-845-4428

PLEASE NOTE: THERE IS A \$3.00 TRANSCRIPT PROCESSING FEE FOR FORMER STUDENTS. CHECK PAYABLE TO WAUSAU EAST HIGH SCHOOL.
(NO CREDIT OR DEPIT CARD ACCEPTED FOR PAYMENT.)

CURRENT STUDENTS: If you apply on line or with a paper application it is your responsibility to inform the Career Center/Counselor that a transcript needs to be sent.