

# 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. \_\_\_\_\_

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3. \_\_\_\_\_

4. \_\_\_\_\_

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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 18<sup>th</sup> St., Wausau, WI 54403  
Fax #715-845-4428

**PLEASE NOTE:** THERE IS A \$3.00 TRANSCRIPT PROCESSING FEE FOR FORMER STUDENTS.

**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.