

TRANSCRIPT RELEASE AUTHORIZATION

STUDENT NAME (print) _____

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 receive transcript(s) below)

1. _____ 2. _____

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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)

Parent Signature _____ Date _____

Wausau East High School, Attn: Counseling Office, 2607 North 18th Street Wausau, WI 54403
FAX #715-845-4428

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