 Wisner-Pilger High School

 Transcript Request Form

#  Personal Information

Student Name:

First Last

Date of Birth:

High School Graduation Date:

#  Mailing Instructions

Total Number of Transcripts Requested:

Please send a copy of my transcripts to: (Include the name of the institution and the complete address)

1. School: 3. School:

 Address: Address:

2. School: 4. School:

 Address: Address:

I authorize Wisner-Pilger Public Schools to release my official high school transcript:

**Student signature**: **Date**:

**Parent signature**: **Date**: (Required for students under age 18 and/or requesting transcripts sent to non-school location)