

**PERMISSION TO RELEASE TRANSCRIPT INFORMATION**

**Menomonie High School Guidance Office**

1715 5th Street West • Menomonie, Wisconsin 54751 • (715) 232-2609 • fax # (715) 232-2629

Robert Lichty (A-He) ext. 41371

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Date: \_\_\_\_\_

(Sent: \_\_\_\_\_)  
(office use)

I, \_\_\_\_\_,  
(include MAIDEN name if necessary)

\_\_\_\_\_,  
(date of birth)

graduating class of \_\_\_\_\_,  
(grad year)

hereby request and authorize the release of my transcript to the organization or person listed below. I understand the policy of Menomonie High School is to release only an unofficial, student copy to a graduate/parent or residential address. I also understand that a parental signature is not required for transcripts sent to college admissions offices or military recruiters.

\_\_\_\_\_  
(student/graduate signature)

\_\_\_\_\_  
(parent signature, if pick up)

*please send my transcript(s) to:*

Title/Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

\_\_\_\_\_

Title/Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State: \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

\_\_\_\_\_

OR Fax to: \_\_\_\_\_  
(name/organization)

Fax Ph #: \_\_\_\_\_