

PERMISSION TO RELEASE TRANSCRIPT INFORMATION

Menomonie High School Guidance Office

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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: _____ Fax Ph #: _____
(name/organization)