



Elkhart Lake – Glenbeulah School District

DISTRICT OFFICE / HIGH SCHOOL

Dr. Ann Buechel Haack, District Administrator / Mr. Ryan Faris, Principal
abhaack@goresorters.com / rfaris@goresorters.com
201 North Lincoln Street, P.O. Box 326, Elkhart Lake, WI 53020 · Tel (920) 876-3381 · Fax (920) 876-3511

ELEMENTARY / MIDDLE SCHOOL

Dr. Jeanne Courneene, Principal / Mrs. Debbie Hammann, Director of Special Education/Pupil Services
jcourneene@goresorters.com / dhammann@goresorters.com
251 East Maple Street, P.O. Box 518, Elkhart Lake, WI 53020 · Tel (920) 876-3307 · Fax (920) 876-3105

www.elgs.k12.wi.us

TRANSCRIPT REQUEST

Today's Date: _____

Student Name: _____ Name while attending ELGHS: _____

Student Address: _____

Date of Birth: _____

Graduating Class of: _____ Telephone # where you can be reached: _____

Send _____ copies of my transcript to:

Recipient of Transcript (College/University/Technical College, Employer, etc.):

Name of Institution: _____

Attention: _____

Address: _____

City, State, Zip Code: _____

Include ACT Scores on file: ___Yes ___No

I hereby consent to have my transcript(s) released to the addresses above:

Signature: _____

(Please return Transcript Request form to the High School office via in person, fax, or email (tfaber@goresorters.com). Thank you.)

FOR OFFICE USE ONLY

Transcript was mailed on: _____

Transcript was issued to student on: _____

ELGHS employee issuing transcript: _____