



JEN BRUCE Associate Principal AARON HERM Principal KASEY SMITH Activities Director

MICHELLE VRANEY Associate Principal

## Kaukauna High School Transcript Request Form for graduates from 2019 and older

## Graduates of 2020-2023, please log into Xello to send to a school at no charge.

Please allow 3 to 5 business days for processing from the time the request is received in our office. Kaukauna High School MUST have the signature of the former student to release transcripts; parents may only sign if the former student is under the age of 18.

## Copies of transcripts are \$4.00 each

Please send a check, cashier's check or money order payable to: Kaukauna High School. You may also complete the form and drop it off with payment in Student Services.

## The following information is needed in order to process your request:

Your name when you attended Ka	ukauna High School:	
Current Name (if different from n	ame while at KHS):	
Street Address:		
City, State, Zip:		
Phone:	Email Address:	
Dates of Attendance or year gradu	lated:	Date of Birth:
Mail (# of copies) to:		
Address:		
Fax # (if transcript is to be faxed)	:	
To Whose attention:		
Signature:		_ Date:
Institutions must have written pe	rmission from any studer	nt 18 or older in order to release any
information from a student's edu	cational record. FERPA	ACT
1701	. County Road CE; Kaukauna, Wi Office (920) 766-6113 • Fax (9 www.kaukauna.k12.wi.us/sc	20) 766-6157