



Shorewood
High School

Shorewood High School

1701 East Capitol Drive

Shorewood, WI 53211

(414) 963-6920

www.shorewood.k12.wi.us

Alumni Request for Release of Transcript/Records

Name: _____ Graduation Year _____
Last First or date(s) last attended SHS

(Maiden Name) DOB ____/____/____ Phone: (____) _____

- Complete ONE release form for each transcript request.
- \$5.00 fee for EACH transcript. Cash/Checks made payable to Shorewood High School
- We cannot accept telephone release or faxed signatures
- Mail Completed form to:

Shorewood High School
Student Support / Transcript
1701 E Capitol Dr
Shorewood WI 53211

Release transcript to: _____
Address _____

I authorize Shorewood High School to release my transcript.

Signature: _____ Date: _____

ACT/SAT Scores are **not included** on the transcript. You must make arrangements with the testing agencies discreetly. Go to ACT.org for ACT scores and collegeboard.com for SAT scores.

INTERNAL USE ONLY

Date received ____/____/____ Date sent/mailed ____/____/____ Initials _____