Stevens Point Area Senior High School
1201 North Point Drive, Stevens Point, WI 54481
715 345-5400 ext. 41001

OFFICIAL TRANSCRIPT REQUEST

Current Name (include middle initial): _____

Name used while attending SPASH: _____

Year Graduated: _____ Date of Birth: _____

Present Address: _____

SEND TO: List Name and Complete Mailing Address

1. _____
2. _____
3. _____

(* $5.00 charge per transcript payable at time of request)

I authorize SPASH to release the transcripts(s) requested above.
(Signature of legal adult OR minor <u>and</u> guardian.)

_____
Signature Date

FOR OFFICE USE ONLY

Request Date: _____ Process Date: _____

Request Made By: _____ Telephone _____ Fax _____ Mail

Verify ID: _____ BD _____ SS No. Fee _____

REQUEST BY PARENT OR OTHER AUTHORIZED ADULT

The above-named adult has authorized me to request a official transcript(s) be released as indicated. My signature below verifies that I was granted verbal permission to make this request on behalf of the individual named above, and I accept full legal responsibility for falsely or fraudulently making this request.

_____
Signature Date