



MARSHFIELD HIGH SCHOOL TRANSCRIPT RELEASE FORM

OFFICE USE ONLY

Date: _____

Amount: _____

CHECK CASH

UNOFFICIAL COPY

Student Name: _____ DOB: _____

Student Signature: _____ Grad Year: _____

Phone Number: _____

Parent signature if student is under 18: _____

Current MHS students:

- ☐ I allow my transcript to be released.
- ☐ I request that any test scores such as ACT, SAT, etc. be included on my transcript.
- ☐ I allow my rank to be released on my transcript.

Former MHS students: I authorize the Unified School District of Marshfield to release my transcript to the following college, university, or agency (include the address if necessary):

☐ Unofficial copy

MARSHFIELD HIGH SCHOOL COUNSELING OFFICE
1401 EAST BECKER ROAD . MARSHFIELD, WI 54449
715.387.4332 . FAX 715.384.3589

11.01.24

