



Wisconsin Academy

TRANSCRIPT REQUEST FORM

(Out-going request for alumni & former students)

N2355 Du Borg Road, Columbus, WI 53925

Phone: (920) 623-3300 • Fax: (920) 623-3318 • Email: registrar@wisacad.org

Questions? Contact the Registrar (920) 623-3300

(Print Clearly)

Full Name: _____ Maiden Name: _____

Address: _____ Phone Number: _____

City: _____ Email: _____

State: _____ Zip: _____ Graduation Year: _____ Date of Birth: _____

Not Graduated? Then what years did you attend? _____

Financial Clearance must be obtained before transcripts are released.

Financial Clearance Authorization: _____
Business Manager's Signature *Date*

Records Released by: _____
Registrar's Signature *Date*

I AUTHORIZE Wisconsin Academy to release the following checked items to the address listed below:

- _____ academic transcript
- _____ test scores
- _____ health records

School/Business Name: _____

ATTN: _____

Address: _____

State/Zip: _____

Fax Number *(if faxing)*: _____

Email Address *(if emailing)*: _____

Parent/Student Signature, 18 years and older

(Date)

CREDIT CARD PAYMENT

(There is a \$5 Charge for this Service.)

*(Cards accepted, please circle: **VISA, MasterCard, Discover**)*

Name: _____

Credit Card Number _____

Billing Address: _____

Exp. Date: _____ Verification Code: _____

\$ Amount _____

Phone: _____

Signature: _____ Date: _____

Please pay by check or credit card. For credit card payments, please submit your request via fax/phone or postal service. Do not email your credit card number.