



Wisconsin Academy
TRANSCRIPT REQUEST FORM
(Outgoing request for alumni & former students)

N2355 Du Borg Road, Columbus, WI 53925
 Phone (920) 623-3300 • Fax (920) 626-6688 • Email: registrar@wisacad.org
 Questions? Contact the Registrar (920) 623-3300 ext. 323

(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)

Please pay the \$5 fee 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.

CREDIT CARD PAYMENT
*(Cards accepted, please circle one: **Visa, MasterCard, Discover**)*

Name: _____ Credit Card Number _____
 Billing Address: _____ Exp. Date: _____ Verification Code: _____
 _____ Dollar amount _____
 Phone: _____ Signature _____ Date: _____