



## **Wisconsin Academy Transcript Request Form**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

To Whom It May Concern:

We are requesting the following information for the above-named student:

- Transcript
- Cumulative Folder
- Immunization Records
- Test Results

Please send to:

Attention: Registrar  
Wisconsin Academy  
N2355 DuBorg Road  
Columbus, WI 53925

Fax Number: 920-626-6688