

Germantown School District

REQUEST FOR RELEASE OF TRANSCRIPT/RECORDS

(Please Print)

Name _____ Maiden Name if Applicable _____

Telephone _____ Graduation Year _____

Signature _____ Date _____

I authorize Germantown High School to release the following records at a cost of \$3.00 per item:

_____ Transcript _____ ACT Scores
_____ SAT Scores _____ Other _____

Send to _____
(Example: self, name of college/university, employer, scholarship, etc.)

Address _____

City/State/Zip _____

Transcript Release Steps:

1. Complete ONE release form for each transcript requested.
2. There is a \$3.00 fee for each item requested. Make check or money order payable to Germantown High School.
3. We cannot accept telephone releases or faxed signatures.
4. Pick up transcripts in the Germantown High School Counseling Office, or we will mail it to the above address.
5. Mail or drop off this form along with your check or money order to:

**Germantown High School
Attn: Guidance & Counseling Office
W180 N11501 River Lane
Germantown, WI 53022**

Office Use Only

Date Received _____ Paid _____

Date Mailed _____ Amount _____