

## **TRANSCRIPT REQUEST PROCESS:**

Please include the following information to expedite the processing of your transcript:

- Name and complete mailing address to whom you want the transcript released (If you are using the transcript to further your education please be aware that many Colleges and Universities do not accept transcripts that have been issued to the student).
- Your complete legal name
- Your current mailing address
- Your home telephone number
- Your complete legal signature

**Please, be sure to sign your letter before mailing or faxing.** (Your letter must include your signature or your request will not be honored. A signed release is required in order to release your transcript to anyone).

**E-mail requests cannot be honored.** Our current software does not provide for the printing of electronic signatures, and a signature is required in order to release your transcript to anyone. *Exception to this rule would be if you electronically scan your letter or the transcript request form and send it as an attachment in your email request.*

Information regarding the processing of your transcript:

- There is a five business-day processing turn-around time once your request is received in writing whenever possible.
- **No transcripts will be processed on Saturday or Sunday.**

You may print and use the following Adobe Acrobat **TRANSCRIPT REQUEST FORM** for your convenience.

### **GREENWOOD HIGH SCHOOL**

PO BOX 310  
306 W CENTRAL AVENUE  
GREENWOOD WI 54437

PHONE: 715-267-6101

FAX: 715-267-6113

# GREENWOOD SCHOOL DISTRICT

# TRANSCRIPT REQUEST FORM

*High School transcripts will be issued when the student's signature is obtained and all obligations to Greenwood School District are fulfilled. Requests will be processed within 5 business days, if at all possible. Failure to complete this form in its entirety may result in delay of processing your transcript. There is **NO CHARGE** for transcript requests.*

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Date of Birth	(    ) Home Phone Number	(    ) Work Phone Number	# Official Copies
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Last Name	First Name	Middle Name
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Maiden or Other Surname(s)	Date of High School Graduation
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Current Mailing Address (Street and/or PO Box, City, State & Zip Code)

**PROCESSING INSTRUCTIONS—Check all appropriate boxes below:**

- SENIORS ONLY:** Please mail to requested schools during current school year
- I will pick-up in person at Greenwood High School
- Please mail to me
- Please mail to second party address(es) (below):

1. _____ _____ _____	2. _____ _____ _____
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**TEST SCORES—Please include the following test scores on my transcript if available:**

- ACT     SAT

**THIS RECORD MAY NOT BE RELEASED TO ANYONE WITHOUT THE STUDENT'S WRITTEN PERMISSION**

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**STUDENT'S SIGNATURE** (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

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**PARENT'S SIGNATURE** (For students who have not yet turned 18) \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_