



North Crawford School District

47050 County Road X, Soldiers Grove, WI 54655
Phone: 608.735.4318 ♦ Fax: 608.735.4317

STUDENT RELEASE OF TRANSCRIPTS

STUDENT'S GRADUATING NAME: _____

DATE OF GRADUATION: _____

I hereby authorize North Crawford School District, Soldiers Grove, Wisconsin, to release to:

Name

Address

City, State, Zip

****Please note: official transcripts cannot be released to students, only non-official transcripts will be released to students.**

The following school records:

Statement of courses taken

Grades obtained

Date

Signature of Student

Please submit this form via fax or postal mail to the District Office. Address and fax number are listed above.

For Office Use Only:

Date Transcripts Sent

Signature of Sender