

PERMISSION TO RELEASE RECORDS

Date: _____ Date of Birth: _____

Name: _____

Maiden name if appropriate: _____

Year student graduated or last attended: _____

Current phone number where I may be reached: _____

I hereby authorize Central High School District of Westosha to release my high school transcript. (Please complete one form per request)

Release to: _____

Address: _____

Adult Student Signature

Parent/Guardian Signature

A fee of \$5.00 per transcript is charged to anyone requesting an official paper copy. Checks can be made payable to Central High School. Requests and payment can be dropped off at the Guidance Office or mailed to:

Sheree Pfeuffer, Registrar
Central High School
P.O. Box 38
Salem, WI 53168

Students who attended Central High School may request their transcripts be sent electronically by logging onto the web at www.parchment.com . A transcript fee will be charged to a credit card by Parchment.