

Middleton High School Transcript Request Form

Please allow 3 - 5 business days for processing from the time it is received in our office. If paying by check make payable to: Middleton High School
Today's Date _____
Mail immediately
Mail after current grades are available _____ (year/semester)
Mail after _____
Name: (include all names ever used)
Street address:
City, State,Zip:
Phone: ()
Dates of attendance:
Date of Birth:
Mail ____ (# of copies) to address:
Mail ____ (# of copies) to address:
Mail ____ (# of copies) to address:
Fax # (if transcript is to be faxed) Attn: ()
Signature: (required)

Transcripts are \$3.00 per copy. Please send all transcript requests to:

Sally Acker, Guidance Secretary

Middleton High School, 2100 Bristol Street, Middleton, WI 53562