Stevens Point Area Senior High School 1201 North Point Drive, Stevens Point, WI 54481 715 345-5400 ext. 41001 Fax 715 345-5408

OFFICIAL TRANSCRIPT REQUEST

Current Name (include mi	ddle initial):		
Name used while attending	g SPASH:		
Year Graduated:	nted: Date of Birth:		
Present Address:			
	SEND TO: List Name	and Complete Mailing Address	
1			
2			
3			
	(* \$4.00 charge per trai	nscript payable at time of request)	
	ase the transcripts(s) requested above. adult OR minor <u>and</u> guardian.)	REQUEST BY PARENT OR OTH	
		The above-named adult has author	*
Signature	Date	official transcript(s) be released as indicated. My signature below verifies that I was granted verbal permission to make this request on behalf of the individual named above, and I accept full legal responsibility for falsely or fraudulently	
FOR O	FFICE USE ONLY	making this request.	ensery or grandenessing
Request Date:	Process Date:		
Request Made By:	_ Telephone Fax Mail	ı	
Verify ID: BD	SS No. Fee	Signature	Date