



TRANSCRIPT RELEASE FORM

Medford Area Senior High
1015 W. Broadway
Medford, WI 54451
Phone: 715-748-5951
Fax: 715-748-6438



Name: _____

(Please Print)

Maiden Name (if applicable): _____

Date of Birth: _____

Year of Graduation: _____

Phone Number where we can contact you if there are questions: _____

High School Transcript includes the list of courses taken, grades received, class rank, grade point average, test scores, attendance records, date and place of birth, parent's names, address, and extracurricular activities.

NAME & ADDRESS TRANSCRIPTS ARE TO BE SENT TO:

I hereby authorize Medford Area Public Schools, Medford, Wisconsin, to release my high school transcript.

Signature/Date

The student listed above must sign if 18 years old or older. Parent or Guardian must sign if student is under 18 years old.