



**TRANSCRIPT RELEASE FORM**  
 Medford Area Senior High  
 1015 W. Broadway  
 Medford, WI 54451  
 Email: buehlal@medford.k12.wi.us  
 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.