

OAKFIELD HIGH SCHOOL

E. Church St. Oakfield, WI 53065

TRANSCRIPT REQUEST

To request a transcript, fill out and sign the following release form and return it:

1. In Person- Bring to the High School Office between 8:00 a.m. and 3:30 p.m.
2. By Mail- Send the completed form to the address listed above.
3. By Fax- Fax the completed form to 920-583-4673
4. By Email- Email a scanned, completed form to jschindel@oakfield.k12.wi.us

AUTHORIZATION OF RECORDS RELEASE

Today's Date: _____ Phone Number: _____

Name: _____
(Last) (First) (Middle)

Maiden Name (if applicable): _____

Year of Graduation: _____

(Place a check next to your preference)

_____ Please send my transcript to: _____ I will pick up my transcript.

College/ Business: _____ Addressed to: _____

Address: _____

College/ Business: _____ Addressed to: _____

Address: _____

(If more than two, please include information in an additional form.)

Signature: _____

- ☐ Student/ Graduate
- ☐ Parent/ Guardian of Student
Relationship _____

-Student Services

-Phone 920-583-3141 ext. 2105

-Fax 920-583-4673

