



## TRANSCRIPT REQUEST FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, request the Wisconsin School for the Deaf to  
(student's name)

send copies of my transcripts as indicated to the name and address identified below. I

attended school at WSD from \_\_\_\_\_ to \_\_\_\_\_.  
(date) (date)

\_\_\_\_\_  
(signature)

\_\_\_ Official Transcripts (\$5.00 fee – make check payable to: Wisconsin School for the Deaf)

\_\_\_ Unofficial Transcripts

WHERE TRANSCRIPTS SHOULD BE SENT:  
(Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Send completed transcript request form and transcript fee to:

Transcripts C/O Jeremy Haag  
Wisconsin School for the Deaf  
309 W. Walworth Avenue  
Delavan, WI 53115