



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)

____ Fee: \$5.00 if you graduated more than 2 years ago.

Make a check or money order payable to Wisconsin School for the Deaf.

Where transcripts should be sent:
(Name, Address)

Please add your email address to notify when the transcript is sent.

Send completed transcript request form and transcript fee to:

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