

New London High School
1700 Klatt Rd.
New London, WI 54961



**High School Transcript Request Form
STUDENT INFORMATION**

Date: _____ Graduated in the year of: _____

Name (Last, First, Middle Initial): _____

Former/Maiden Name: _____

Phone: _____ Date of Birth: _____

E-mail Address: _____

Permission to: (please check)

Send copy to: _____

*Fax copy to: _____

*Email scanned document to: _____

Please sign below to indicate it is permissible to send education records on your behalf.

Signature: _____

Please e-mail this form back to: kbelle@newlondon.k12.wi.us or fax to: 920-982-8440.

*Please note that an "official transcript" is a document that must contain a seal from an educational institution that comes directly from one institution to another, and is delivered in a sealed envelope. Hand-delivered, e-mailed, and/or faxed copies are not accepted by institutions of higher learning as "official."

For Office Use Only:

Date sent: _____ Signature: _____