

**Transcript Request Form**

**Elcho School**

**P.O. Box 800**

**Elcho, WI 54428**

**Phone - 715.275.3225**

**Fax - 715.275.4388**

**Email: [office@elchoschool.org](mailto:office@elchoschool.org)**

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Current Name: \_\_\_\_\_ Former Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Grade: \_\_\_\_\_

\*Please note on this request if you did not graduate, and if so, what year you should have graduated.

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Send transcripts to:

Institution Name (or self) \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

\*Special Instructions: \_\_\_\_\_

**\*\*A signature of the student whose information is being requested is required to release this information.**

Signature: \_\_\_\_\_