

TRANSCRIPT AND INFORMATION RELEASE FORM

Arrowhead Union High School
800 North Avenue
Hartland, Wisconsin 53029
Attn: Ann Olson, Registrar

Name: _____

Date of Birth: _____ Graduation _____

Student

Signature: _____

Parent Signature (If student is under 18): _____

I authorize **Arrowhead High School** to release my transcript and other student records to:

Name of School/Business/Scholarship: _____

Address: _____

Fax/Email: _____

Comments: _____

Additional Forms to Complete (Please check all that apply)

Counselor Information/ Secondary School Report _____ Senior Profile _____

Letter(s) of Recommendation _____ Scholarship Application _____

Arrowhead cannot provide ACT, SAT or AP scores. Request directly from testing agencies.

ACT scores: act.org SAT & AP scores: collegeboard.com

****There is a Transcript Request Fee of \$5.00 (CASH OR MONEY ORDER ONLY) for each transcript prepared.**

PLEASE ALLOW A MINIMUM OF 5 SCHOOL DAYS PRIOR TO DEADLINE

Office Use Only

Mailed: _____

Faxed: _____

Hand-carried: _____

Letter of Rec: _____

College Form: _____

\$5.00 Fee Cash: _____

Check.#: _____