

**NEW HOLSTEIN HIGH SCHOOL**  
**1715 Plymouth Street**  
**New Holstein, WI 53061**

**TRANSCRIPT RELEASE FORM**

I hereby authorize New Holstein High School to release \_\_\_\_\_ copy(ies) of my official high school record to \_\_\_\_\_. The address it should be mailed to is: \_\_\_\_\_  
\_\_\_\_\_

I understand that my official high school record contains:

- Name, address, phone number, birthdate, parents' names
- Courses taken, grades received, and credits received
- Attendance summary
- Standardized test scores and/or ACT scores

\_\_\_\_\_  
(Name while in attendance at New Holstein High School)

\_\_\_\_\_  
(Dates of attendance at New Holstein High School)

\_\_\_\_\_  
(Signature of Adult Pupil or Parent or  
Guardian of a Minor Pupil)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of Pupil or Parent or Guardian of Minor Pupil)