

New Berlin West Middle and High School
18695 West Cleveland Avenue
New Berlin, WI 53146

PERMISSION TO RELEASE OFFICAL TRANSCRIPTS
Current Student Form

School Year: _____

I hereby authorize New Berlin Middle and High School to release the official transcripts of:

(Please print the name of the student)

(Date)

The first 10 transcripts sent are free of charge. In order to send additional transcripts, a fee of \$15 will be assessed for a single copy, and for multiple copies, \$15 for the first copy and \$5 for each additional copy.

Please write "**common app**" on one of the ten lines below if you've applied to institutions using the common application. Common app will count towards one of your ten free transcripts.

Send to: Facility Name and Address	Date Applied	Date Sent (office use only)
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

The high school transcript includes the student's name, address, phone number, birthdate, grades, and cumulative grade point average (GPA).

The School District of New Berlin no longer ranks our students.

_____ Check here if the ACT and/or the SAT test scores **are to be** included with the record.

(Reminder, some facilities require that the test scores be sent directly from the ACT website. If this is the case with your facility, you are responsible for sending the scores from the ACT website.)

Student's signature (if over 18): _____

Parent's signature (if under 18): _____