Transcript Request Form



Beginning with the graduating class of 2015, The School District of New Berlin will no longer provide class rank for students.

I authorize the School District of New Berlin to release the following records:

Year of Graduation or	Date of Birth	Date of Request:	
Last Teal of Attenuance.	Date of Dittil.	Date of Request.	
Name:			
(Please print) Last	t name	First name	
Maiden Name:(If applicable)		• Current students: First ten requests sent	
Requestor signature:		free of charge. • Eisenhower Alumni : Transcript Fee \$15 • Requests made for multiple copies	
Parent signature:(If under 18 years of age)		<i>processed at the same time:</i> \$15 for the first copy, \$5 for each additional copy.	
Email address:		Please make check payable to	
Telephone number:		Eisenhower MS/HS. Payment must be received before request is processed.	
Official Transcript to be se	ent to:		
Name and address of Institution:			
Name and address of Institution:			
NT		· · · · · · · · · · · · · · · · · · ·	
name and address of institution:			
Hard Copy to Student	Mail Send Electronically i	f Applicable	
Current Eisenhower Students:	Check this box if you do NOT want your A	ACT score(s) sent with your transcript:	
Unofficial Transcript to st	udent/alumni address:		
Name and address:			
Submit this request with a		Questions:	
New Berlin Eisenhower Student 4333 S Sunny Slope Road New Berlin, WI 53151	Services Department	Mrs. Beverly Tannert @ (262) 789-6358 <u>Beverly.tannert@nbexcellence.org</u>	
INCW Delini, WI 33131			
	For Internal Use On		
Form received Payment received \$			