

Transcript Request Form



NEW BERLIN

EISENHOWER

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

~If you want any ACT/SAT score removed from your transcript, you must complete the ACT/SAT Score Removal Form.

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

Year of Graduation or

Last Year of Attendance: _____ **Date of Birth:** _____ **Date of Request:** _____

Name: _____
(Please print) Last name First name

Maiden Name: _____
(If applicable)

Requester's signature: _____

Parent signature: _____
(If under 18 years of age)

Email address: _____

Telephone number: _____

- **Current students:** First ten requests sent free of charge.
- **Eisenhower Alumni:** Transcript Fee \$15
- Requests made for multiple copies processed at the same time: \$15 for the first copy, \$5 for each additional copy.
- Please make check payable to: Eisenhower MS/HS. Payment must be received before request is processed.

Official Transcript to be sent to:

Name and address of Institution: _____

Name and address of Institution: _____

Name and address of Institution: _____

Hard Copy to Requester Mail Send Electronically if Applicable Common App Other

Current Eisenhower Students: Please check this box if you do not want your ACT score(s) sent with your transcript:

Unofficial Transcript to student/alumni address:

Name & Address: _____

Submit this request with applicable payment to:

Eisenhower MS/HS
Attn: Student Services Department
4333 S Sunny Slope Road
New Berlin, WI 53151

For questions or additional information:

Mrs. Beverly Tannert @ 262.789.6358
beverly.tannert@nbexcellence.org

For Internal Use Only

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|--|--|--|
| <input type="checkbox"/> Form received _____ | <input type="checkbox"/> Transcript Sent _____ | <input type="checkbox"/> Recorded in IC |
| <input type="checkbox"/> Payment received \$ _____ | <input type="checkbox"/> Staff member initials _____ | <input type="checkbox"/> Letter of recommendation. |