

**APPLETON WEST HIGH SCHOOL**  
**TRANSCRIPT REQUEST FOR GRADUATES / PAST STUDENTS**

Date \_\_\_\_\_

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail \_\_\_\_\_

Year of Graduation \_\_\_\_\_

If not Graduate, what were dates of attendance? \_\_\_\_\_ through \_\_\_\_\_

Where do you need the transcript sent to? Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**PLEASE NOTE:**

***If you are a CURRENT STUDENT, please stop in the Appleton West Counseling Office to complete a transcript request form.***

**Instructions**

**Students that Graduated/Attended Within the Past 5 Years**

Send \$5 Payment (*per transcript*) with this form to:

Appleton West Counseling Office/Transcript Requests  
610 N Badger Avenue  
Appleton WI 54914

*Checks/Money Orders Payable to Appleton West High School  
We do not accept credit cards*

**Instructions**

**Students that Graduated/Attended MORE Than 5 Years Ago.**

Send \$5 Payment (*per transcript*) with this form to:

Attendance & Enrollment Office/Transcript Request  
120 E. Harris St.  
Appleton, WI 54911

*Checks/Money Orders Payable to Appleton Area School District  
We do not accept credit cards*