

Transcript Request Policy

1. Obtain a Request For Release of Student Records form from the Guidance Office OR use copy of form below
2. The release form must signed and dated by parent/guardian unless the student is 18 years old.
3. A \$3.00 fee is charged per transcript.
4. A new transcript release form must be signed each school year.
5. OR send a note with:
 - A. Your name (maiden name) and signature
 - B. Year of high school graduation
 - C. Name and address to send transcript
 - D. \$3.00 per transcript
 - E. Mail to: Plymouth High School
Attention: Transcripts
125 Highland Avenue
Plymouth WI 53073
6. Phone or email requests cannot be honored due to required signature

REQUEST FOR RELEASE OF STUDENT RECORDS

PLYMOUTH SCHOOL DISTRICT
125 HIGHLAND AVENUE
PLYMOUTH, WI 53073

I authorize the Plymouth School District to release information pertaining to any conference and/or record concerning:

PRINT STUDENT NAME (Maiden Name) & GRAD YEAR

TO: _____

Student Signature _____

Parent Signature _____
(Under 18)

DATE: _____

\$3.00 charge per copy

PAID _____