## **Transcript Request Policy**

- 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 Sc and/or record concerning: | hool District to relea         | ase information pe | rtaining to any conference |
|---|--------------------------------|--------------------|----------------------------|
| PRINT STUDENT NAME (Maiden Name) & GRAD YEAR          |                                |                    |                            |
| TO:   |                                |                    |                            |
|   |                                |                    |                            |
|   | Student Signature              |                    |                            |
|   | Parent Signature<br>(Under 18) |                    |                            |
| DATE:   |                                |                    |                            |
|   |                                |                    | \$3.00 charge per copy     |
|   |                                |                    | PAID                       |