Kewaskum High School
HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name student used ***while in school*** (e.g. maiden name of female student):

_____ _____ _____
Last First Middle Initial

Phone Number: (__ __ __) __ __ __ - __ __ __ __

Date of birth: __ __ / __ __ / __ __ __ __

Last year in attendance: _____ Did student graduate? ( ) Yes ( ) No

Address where transcript is to be mailed:

_____

_____

_____

_____

_____ _____
Signature of parent/guardian OR student 18 years of age Date

Mail requests to (***There is a $5.00 fee for students not currently enrolled***):

Kewaskum High School
c/o School Counseling Office
1510 Bilgo Lane
Kewaskum, WI 53040

If you have any questions, please call the Kewaskum High School Counseling Office at (262) 626–8427 ext. 4140.