



Kewaskum High School
Attn: Student Services
1510 Bilgo Lane
Kewaskum, WI 53040
262-626-3105 ext. 4140
www.kewaskumschools.org

PERMISSION TO RELEASE RECORDS

I hereby authorize Kewaskum High School to release a copy of my child's official transcript to the KEYS and Local Scholarship committees for review. An official transcript includes courses taken, grades earned, cumulative GPA, ACT score, Laude score and KHS activities participated in. (The student transcript is a part of the application process and is required for consideration).

Date: _____

Student Name (Please Print):

First

Middle

Last

Parent Name (Please Print) _____

Parent Signature: _____

(Required if a student is under the age of 18 at the time of request)

Return to:
Kewaskum High School
Student Services