

Durand-Arkansaw School District
Transcript Request Form

A signed request form is required to authorize the release of information.
(Please print information)

Transcript Information:

Student Name (Maiden name if applicable): _____

Year of Graduation (if graduated): _____

High School graduated from (check one): **Durand High School:** **Arkansaw High School:**

I authorize the Durand-Arkansaw School District to release a copy of my transcript to:

1. _____

2. _____

3. _____

4. _____

Send ACT score (if available):

Student Signature: _____ **Date Signed:** _____

Parent Signature: _____ **Date Signed:** _____
(for students under 18)

Please submit your request using one of the following methods:

1. Scan your completed form and email it to Diane Hoyt at: dhoyt@durand.k12.wi.us
2. Fax to the Pupil Services Office: 715-578-4308
3. Drop off signed release form at the Durand Middle/High School Pupil Services Office.
4. Mail your completed form to: Pupil Services Office, Durand Middle/High School, P.O. Box 190, 604 7th Avenue East, Durand, WI 54736

*Any questions – please call Diane Hoyt @ 715-672-8921.

<i>Office Use Only</i>	
Date Request Received: _____	Date picked up or sent: _____