

# WISCONSIN LUTHERAN HIGH SCHOOL

## Transcript Request Form

Last name (name used when you were a WLHS student): \_\_\_\_\_

First name: \_\_\_\_\_ MI.: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Graduation year: \_\_\_\_\_ or Last year attended WLHS: \_\_\_\_\_

How may we contact you if needed? (Address, phone number or email):

\_\_\_\_\_

Transcript to be mailed to (add additional requests below if you need more than one transcript):

(school/organization) \_\_\_\_\_

(department/contact person) \_\_\_\_\_

(street address) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Be sure to include your signature; without it, transcripts cannot be mailed.)

**Please send this completed form and a check payable to Wisconsin Lutheran High School for \$5.00 per transcript to:**

Transcript Requests  
Wisconsin Lutheran High School  
330 N Glenview Ave.  
Milwaukee, WI 53213

### **Additional Transcripts Request**

Additional transcript to be mailed to:

(school/organization) \_\_\_\_\_

(department/contact person) \_\_\_\_\_

(street address) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_