Johnson Creek High School Official Transcript Release Form

Last name:	First name:	Maiden Name:
Date of Birth:	Year of Graduat	on/Left District:
attendance. A release for		rse names, grades, grade point average, and eek High School to send an Official Transcript
I give my permission to re other organizations:	•	the following Colleges/Universities and or are picking up the transcript in person.
Check here to send your	ACT scores	
Please sign and date this required if you are unde		ol counseling office. A parent signature is
Student Signature		Date
Parent Signature		Date

Return to:

Johnson Creek High School School Counseling Office 455 Aztalan Street Johnson Creek, WI 53038