

# BERLIN HIGH SCHOOL

## Transcript Request Form

*Complete this form and return to the address below with a \$2.00 processing fee (checks are to be made payable to Berlin High School). Upon receipt of payment, an official copy of your transcript will be forwarded to the provided address. ACT or SAT scores are not included and must be obtained directly from the testing center.*

**Mail completed form to:**

Berlin High School  
Attn: Transcripts  
222 Memorial Drive  
Berlin, WI 54923

Date of Request: \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_  
Last Name (When attending High School) First Name Middle Name

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature (Required): \_\_\_\_\_

Please forward a copy of my transcript to the following address:

Company or College: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Office Use Only:**

Date Received \_\_\_\_\_ Date Mailed \_\_\_\_\_