

## TRANSCRIPT REQUEST FORM



**STUDENT:** Please complete the information below and submit this form to your high school Guidance Office or Student Services Office to request that your official transcript and/or available test (ACT/SAT) scores be sent to Edgewood College.

**SCHOOL:** Please send transcripts and available test (ACT/SAT) scores for the student listed below to the following address:

Office of Admissions  
Edgewood College  
1000 Edgewood College Drive  
Madison, WI 53711-1997

---

**STUDENT NAME** (Please Print)

---

**SIGNATURE**

---

**HIGH SCHOOL STUDENT ID #**

**Questions?** Contact the Admissions Office at 608.663.2294 or [admissions@edgewood.edu](mailto:admissions@edgewood.edu).