



Spooner High School

Transcript Request Form



Student's Name: _____ Date of Birth: _____

Name as it appears on the diploma _____

Class of _____

Name of College _____

College Address _____

Name of College _____

College Address _____

PLEASE CHECK ONE:

Transcript for College Application

Final Transcript

STUDENT SIGNATURE: _____

DATE: _____

*Please fill out this form and email your transcript request to tischerk@spooner.k12.wi.us or fax your transcript request to Kristin Tischer at (715) 635-7074.