

WINONA INDEPENDENT SCHOOL DISTRICT TRANSCRIPT RELEASE FORM

Maiden Name: _____

Present Name (Last, First): _____

Date Of Graduation or Year Attended: _____

I hereby authorize the proper school officials to release a transcript of my school records to:

OR

Name and Address of School or University

Name and Address of Individual

Signature

Date of Request

Official Use Only

Date Requested:

Date Mailed:

Payment Method

Cash

Check