



# Portage High School Counseling Office

301 E. Collins Street 🍏 Portage, WI 53901  
(608) 742-8545 ext. 1015 🍏 Fax: (608) 742-0617

## Transcript Request Form

\*\*\* A request for a transcript MUST be in writing \*\*\*

Full Name: \_\_\_\_\_  
*(please print clearly)*

Maiden Name (or last name used at PHS): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
*(or year last attended)*

### What type of transcript are you requesting?

- Official Transcript *(signed and with embossed school seal)* - mailed directly to college
- Unofficial Transcript *(no signature or seal)* - mailed to you

**Cost:** Normal Processing (1-2 days).....\$5.00 per transcript  
 Rush Processing (same day).....\$10.00 per transcript  
 Fax Service.....\$15.00 per transcript

← Check or Cash only – no credit cards

To avoid delays or additional costs, you should determine what is required before you request a transcript.

**Distribution:**       mail to address below       pick up (must show I.D.)

Name: \_\_\_\_\_

College / Company: \_\_\_\_\_

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

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

**Due to Family Rights and Privacy Act of 1974 (FERPA), your signature is required for the release of a transcript.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only:*      Payment:       Cash   - or -    Check # \_\_\_\_\_

Date Request Received: \_\_\_\_\_      Date Mailed/Picked Up: \_\_\_\_\_