

PERMISSION TO RELEASE RECORDS

Nicolet High School
6701 N Jean Nicolet Rd
Glendale WI 53217

Phone: 414-351-7550 FAX: 414-351-7542 Email: transcripts@nicolet.us

With the adoption in 1974 of the Federal Family Educational Rights and Privacy Act and Section 118.125 of the Wisconsin Statutes, it is the right of the individual, eighteen years of age or over, to identify what portion of his school record should be sent to the third party he designates.

In compliance with these statutes, unless otherwise indicated, the following is included on each transcript and will be forwarded to the party you designate.

Basic Identifying Information (Date of Birth, Address, etc.)
Statement of Courses Taken
Grades
Class Rank if applicable and Cumulative Grade Point Average

I hereby authorize Nicolet High School to release the above information to:

Name of School/Business: _____

Address: _____

City, State, Zip _____

NAME (at time of graduation): _____

Current Address: _____

City, State, Zip: _____

Current Phone Number: _____

E-Mail Address _____

Birth Date _____

Year of Graduation: _____

***OFFICIAL Transcripts cannot be mailed directly to the Student/Graduate**

Signature: _____ Date: _____

(After completing this form, Fax, Email, Mail or drop the form off at the Nicolet Student Services Office).

Transcript Request Fee: \$5.00

MASTERCARD _____

VISA: _____

EXPIRATION DATE: _____ V-CODE _____

CASH _____ CHECK _____