

Chippewa Falls Senior High School Transcript Request

735 Terrill Street . Chippewa Falls, WI 54729
Phone: 715-726-2406 . Fax: 715-720-3776



Student's Name (please print)

Last First Middle/Maiden

Street

City State Zip

Date of High School Graduation

Date of Birth

Please send my transcript (fill out address information below) I will pick up my transcript in person

Mail official transcript to:

1. _____ 2. _____

There is **NO CHARGE** for transcript requests for current students or those that have graduated the previous year.

Number of official transcripts requested _____ x 5.00 each

Total Cost: _____
Payment in full is required before releasing transcripts. Transcripts will be mailed within two business days of receiving request and payment. **Make checks payable to:** Chippewa Falls Senior High School.

Student's Signature (required)

Parent's Signature (for students who have not yet turned 18)

For Office Use Only:

Date received: _____ Date processed: _____ Processed by: _____

Amount paid: _____ Cash Check # _____ Money Order