

Frederic School District Request for transcript

Please **print** the following as it appears on your records:

Name: _____
Last First Middle Maiden *(if applicable)*

Current address: _____

Phone: _____

email: _____

DOB: _____ SSN: _____

Date of graduation: _____
(Or date of last attendance)

Send my transcript to: _____
(Institution or name of individual)

Address to send transcript to: _____

Mail or fax your request to: Guidance Office Phone: (715) 327-4223
Frederic School District Fax: (715) 327-8655
1437 Clam Falls Drive
Frederic, WI 54837