

Brown Deer Middle/High School

ALUMNI REQUEST FOR RELEASE OF TRANSCRIPT RECORDS

(Please Print)

Name _____ Today's Date _____

Telephone () _____ Graduation Year _____

Signature _____ Maiden Name _____

I authorize Brown Deer Middle/High School to release my transcript.

Send to: _____

(Example: self, name of college/university, employer, scholarship,)

Address: _____

City/State/Zip Code: _____

TRANSCRIPTS FOR GRADUATES:

1. Complete one release form for EACH transcript requested.
2. A \$5.00 charge is required for EACH transcript. We accept cash, check or money order. Make check or money order payable to **'Brown Deer Middle/High School.'**

(We are sorry but we do not accept credit or debit cards.)

3. We cannot accept telephone, email or faxed requests.
4. Pick up transcripts in the Counseling Department or submit a stamped, self-addressed envelope.

5. Mail this form to: Brown Deer Middle/High School
Attn: Main Office
8060 N. 60th St.
Brown Deer, WI 53223

Please Note: During the month of **July**, the office is closed. Please mail your form to the Administration Office: 8200 N. 60th Street, Brown Deer, WI 53223

Office use only:

Date Received: _____

Date Mailed: _____