347-Form

TRANSCRIPT REQUEST PARKVIEW HIGH SCHOOL

Students N	Name:		
Maiden or	Cother Name(s):		
Date of Bi	Date of Birth: Year graduated:		
I am reque	esting a copy of my:		
□ Transc	cript to be mailed to the Education I	nstitute/employer listed below	
□ Transe	cript to be mailed to the students ad	dress listed below	
Choose or	ne: 🗌 Include ACT/SAT scores	Do not include ACT/SAT scores	
Send copy	of transcripts to:		
School:			
Attention:			
Address:			
	is \$2.00 (Cash or Check: made paya nt of the Transcript fee.	able to Parkview High School)	
NOTE: (Graduates will not be required to pay tran	script fee within a year of graduation date.	
Student si	gnature	Date	
Phone nur	nber:		
Mail to:	Registrar Parkview School District		
	P.O. Box 250 Orfordville, WI 53576	FOR REGISTRAR USE Date received:// Method of payment Amount: \$ Date sent://	
APPROVE	D: November 15, 2010		

AUGUST 17, 2015