



TRANSCRIPT RELEASE FORM

Student Name _____

Date of Birth _____

Current Grade _____

Dear School Administrator,

The above student has applied to Wisconsin International School.

Please forward the child's transcript as soon as possible.

Thank you in advance for your cooperation.

Please send to:

Office of Admission

Wisconsin International School

P.O. Box 13214

Green Bay, WI 54307-3214

Parent Signature: _____ Date _____

Parents, please sign and date and give this form to your child's current school administrator.