

# NORTH CRAWFORD SCHOOL DISTRICT

47050 County Road X  
Soldiers Grove, WI 54655  
Phone: 608.735.4318  
Fax: 608.735.4317

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## STUDENT RELEASE OF TRANSCRIPTS

STUDENT'S GRADUATING NAME: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

I hereby authorize North Crawford School District, Soldiers Grove, Wisconsin, to release to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**\*\*Please note: official transcripts cannot be released to students, only non-official transcripts will be released to students.**

The following school records:

- Statement of courses taken
- Grades obtained

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

Please submit this form via fax or postal mail to the District Office. Address and fax number are listed above.

For Office Use Only:

\_\_\_\_\_  
Date Transcripts Sent

\_\_\_\_\_  
Signature of Sender