

Ellsworth Community School District

Ellsworth High School

323 Hillcrest Street

Ellsworth, WI 54011

Phone # (715) 273-3904

Fax # (715) 273-6824

Request For Transcript:

Student Name: _____

(Maiden Name if applies)

Birthdate: _____ Telephone Number: _____

Year Graduated: _____

Address to send Transcript: _____

(Signature) (Date)

NOTE: Valid only if signed by adult pupil (18 years of age or older) or parent or guardian of minor pupil.