



# School District of Lodi

School District of Lodi • 115 School Street • Lodi • Wisconsin • 53555

## Official Transcript Request Form

I authorize the release of my transcript and test scores to a college, technical school or other agency as requested.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of parent (if under 18): \_\_\_\_\_

Mail Transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_