



Transcript Release Authorization

Dominican High School 120 E. Silver Spring Drive
Whitefish Bay, Wisconsin 53217
Phone (414)332-1170 x140 Fax (414)332-4101

Name (During attendance at DHS): _____

Address: _____

Telephone # - Home: _____
Work: _____
Cell: _____

Year of Graduation or Attendance: _____

I authorize Dominican High School to release my transcript to the following institution(s):

Please include address-

1. _____ _____ _____	2. _____ _____ _____
----------------------------	----------------------------

Fax: _____
If transcript needs to be faxed

Fax: _____
If transcript needs to be faxed

There is a \$5.00 fee per transcript. Make check payable to Dominican High School.

Signature: _____ Date: _____

FOR OFFICE USE ONLY	CLEARED BY BUSINESS OFFICE _____	DENIED _____
FAXED _____	MAILED ON _____	PICKED UP _____ PAID _____