



DOMINICAN
HIGH SCHOOL

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 Dominican): _____

Address: _____

Telephone Number

Cell: _____

Work: _____

Home: _____

Year of graduation or attendance: _____

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

Please Include Name and Address of Institution

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. Or pay online [here](#).

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Cleared by business office: _____ Denied: _____

Faxed: _____ Mailed On: _____ Picked Up: _____ Paid: _____