



ASHWAUBENON
HIGH SCHOOL

ASHWAUBENON SCHOOL DISTRICT

Transcript Request

Current Name: _____ Date: _____

Former Name: _____ Telephone #: _____

Signature: _____ Year Graduated: _____

(\$5.00 charge for each transcript once you graduate)

Send transcript and test scores to:

College/University/Technical School Name:

(if outside of Wisconsin include address)

Address: _____

City: _____ State: _____ Zip Code: _____

Mail request and \$5.00 to:

Ashwaubenon High School

Attn: Student Services

2391 S Ridge Rd

Green Bay, WI 54304