

TRANSCRIPT REQUEST

Authorization for release of student information from Watertown High School to another school, college, university, technical school, or third party

Student Name _____ Birthdate _____

Maiden Name (or former name, if applicable) _____

Address _____

Phone _____ Email _____

Year of Graduation or Last Year Attended _____

Send transcript to: _____

I authorize the release of this transcript:

Parent Signature OR Student Signature if 18 or older Date

Mail completed form to:

Or Fax to:

Or Email to:

Registrar
Watertown High School
200 9th Street NE
Watertown, SD 57201

605/882-6327

lisa.ulrich@k12.sd.us