

Cameron School District

Request for Transcript

Please PRINT the following as it appears on your records:

Name _____
Last First Middle Maiden (if any)

Current Address _____

City/State/Zip _____

Phone _____ Email _____ (optional)

Date of Birth _____
Month/Day/Year

Date of Graduation or Month and Year of Last Attendance _____

Please send a copy of my transcript to the following:

Institution/Name _____

Address _____

City/State/Zip _____

Signature _____

Please mail or fax your request to: FAX 715.458.4236/ PH: 715.458.4560
Cameron High School
Student Services: Attn S Gores
750 S First St
Cameron, WI 54822



Office Use Only / Date received: _____ Date Processed: _____