

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: 715-458-0529
PH: 715-458-4560

Student Services
Cameron High School
750 S First Street
Cameron, WI 54822

