



Hartford Union High School District
805 Cedar Street, Hartford, WI 53027
PH: (262) 670-3200 ◦ Fax: (262) 673-8943
◦ www.huhs.org

TRANSCRIPT RELEASE FORM

I hereby authorize Hartford Union High School to release a copy of my transcript. This form is only to be used by alumni who graduated before the year 2001.

Today's Date: _____

Year of Graduation: _____ Date of Birth _____
(If you did not graduate from HUHS, please list the last year of attendance, and note that on this form.)

Name: _____
(Please Print) Last First Middle

Maiden Name: _____ Phone Number: _____
(If applicable)

Mail transcript to:

Destination: _____

Attention: _____

Street: _____

City, State, Zip: _____

Signature: _____

Return this request to the Student Services/Counseling Office between the hours of 7:00 AM – 3:30 PM, or mail to Hartford Union High School District 805 Cedar Street, Hartford, WI 53027.

Remember to include with this request a \$5.00 cash, check, or money order payable to HUHS for each transcript copy requested.

You must allow 48 hours for processing of your transcript to be completed. Please be prepared to provide a photo ID if you plan to pick the transcript up in person.