Hartford Union High School District
805 Cedar Street, Hartford, WI 53027-2399
MAIN OFFICE • 262-670-3200 • FAX 262-673-8943
BUSINESS OFFICE • 262-673-8380 • FAX 262-673-8384
ATTENDANCE OFFICE • 262-673-8945
www.huhs.org

PERMISSION TO RELEASE RECORDS

I hereby authorize Hartford Union High School to release a copy of my transcript.

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:

College: _____

Attention: _____

Street: _____

City, State, Zip: _____

Signature: _____

Return this request to the Counseling Office between the hours of 7:00 AM – 3:30 PM, or mail to the address listed above.

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