



Hartford Union High School District  
805 Cedar Street  
Hartford, WI 53027  
262-670-3200 • www.huhs.org

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## 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:

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 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.**