

## Authorization for Transcript Release

1. Please complete this form, copy or save it to your computer, along with a copy of a valid picture ID (Drivers License or State ID) and send it to West Allis Central High School for processing.
2. This form and the copy of your ID can be emailed, faxed or sent via U.S. Mail.
3. The cost of a transcript is \$5.00. This can be paid in our main office (cash only), a money order can be mailed to us, or it can be paid online. To make a payment online, go to the Central High School website at [www.central.wawm.k12.wi.us](http://www.central.wawm.k12.wi.us). Click on Alumni and Transcripts Online Payment link and register as a new user to make a payment. Then scroll down to select "West Allis Central High School-Transcripts." After payment has been confirmed and this form has been received, your transcript will be processed and mailed to the address you have requested below.
4. For questions regarding your transcripts please call 414-604-3110.
  - Email to: [garciaj@wawmsd.org](mailto:garciaj@wawmsd.org)
  - Fax to: 414-546-5536
  - Mail to: West Allis Central High School  
8516 West Lincoln Avenue  
West Allis, WI 53227

## West Allis Central High School

### Current Information

|            |  |         |  |              |  |
|------------|--|---------|--|--------------|--|
| First Name |  | MIIN    |  | Last Name    |  |
|            |  |         |  |              |  |
| Birth Date |  | Phone # |  | Today's Date |  |

### Graduation Information

|   |  |      |  |                 |  |
|---|--|------|--|-----------------|--|
| First Name                              |  | MIIN |  | Last Name       |  |
|   |  |      |  |                 |  |
| Years Attended West Allis Central H. S. |  |      |  | Graduation Date |  |

### Please send a copy of my West Allis Central High School Transcript to:

|            |  |   |  |     |  |
|------------|--|---|--|-----|--|
| Name       |  |   |  |     |  |
|            |  |   |  |     |  |
| Address    |  |   |  |     |  |
|            |  |   |  |     |  |
| City       |  | State   |  | Zip |  |
|            |  |   |  |     |  |
| *Sign Here |  | *By signing this request, you are confirming that you are the person listed on this form as verified by payment to PaySchools via e-check, charge card or debit card with your name and address on it and that you are authorizing West Allis Central High School to release your transcripts to the name and address listed above. |  |     |  |
| _____      |  |   |  |     |  |