

St. Croix Falls High School

Request for Transcript

Please PRINT the following as it appears on your records:

Name _____
(first) (last) (middle) (maiden name – if any)

Current address _____
city _____ state _____ zip _____

Phone _____ E-mail _____

Date of Birth _____

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 _____

Mail your request to: Shelley Skemp
High School Office
P.O. Box 130
St. Croix Falls, WI 54024

Fax: 715-483-2499
Email: skempsh@scf.k12.wi.us
Phone: 715-483-2507 ext. 1300