



Sheyenne High School

800 40th Ave E, West Fargo, ND 58078 | P: (701) 356-2160

AUTHORIZATION FOR RELEASE OF STUDENT TRANSCRIPT INFORMATION

Student's Name _____ Birth Date _____

School Attended _____ Student's Phone #: _____

Graduated ___ Yes ___ No Year Graduated or Last Year Attend _____

I hereby authorize the West Fargo Public School District to release my school records.

SIGNATURE _____ DATE _____

(Student)

Instructions to High School:

Check which type of transcript you need. An unofficial copy is e-mailed to you. An official transcript is sent electronically through eTranscripts or embossed and mailed in a sealed envelope to the college address provided below.

Official Transcript _____ Unofficial Copy _____

Student e-mail address: _____

Mail OFFICIAL Transcript to: (**please provide complete name and mailing address for college**)

Name of College _____		
Street or PO Box _____		
City _____	State _____	ZIP _____

Return this completed form by e-mailing to: sccounselors@west-fargo.k12.nd.us