



**Cedar Grove-Belgium High School**  
321 North Second Street, Cedar Grove, WI 53013  
High School Phone 920-668-8686 or 1-877-424-2168  
High School Fax 920-668-8605  
HS Email: [ddehaai@cgbrockets.com](mailto:ddehaai@cgbrockets.com)

### **Alumni Transcript Request**

Complete this form and return it to the high school office.  
All transcripts are sent out free of charge.  
**Your signature is required.**

I hereby authorize the Cedar Grove-Belgium Area School District to release my high school transcript to specific colleges, scholarship sponsors, military, or businesses as listed below:

_____ Name of College, Scholarship, Military, or Business		
_____ Mailing Address		
_____		
_____ City	_____ State	_____ Zip Code

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_____ Mailing Address		
_____		
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_____		
_____ City	_____ State	_____ Zip Code

_____ Name of College, Scholarship, Military, or Business		
_____ Mailing Address		
_____		
_____ City	_____ State	_____ Zip Code

Print Name at time of graduation: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b><u>Office Use Only:</u></b>	
Faxed	_____
Hand-carried	_____
Mailed	_____