



New Berlin West

Transcript Request Form

The School District of New Berlin will no longer provide class rank for students.

This policy began with the class of 2015, thank you for your understanding

If you want any ACT/SAT score removed from your transcript, you must complete the ACT/SAT Score Removal Form.

I authorize the School District of New Berlin to release the following records:

Year of Graduation or

Last Year of Attendance: _____ Date of Birth: _____ Date of Request: _____

Name: _____
(please print) Last name First name

Maiden Name: _____
(if applicable)

Requestor signature: _____

Parent signature: _____
(If under 18 years of age)

Telephone number: _____

I have submitted my application to the following schools and would like an Official Transcript to be sent to:

TRANSCRIPT FEE \$15

- *Current Students: First ten requests sent free of charge.*
- *Please make a check payable to New Berlin West MS/HS. Payment must be received before the request is processed.*
- *Requests made for multiple copies processed at the same time: \$15 for the first copy, \$5 for each additional copy.*

Name of Institution: _____ CA UW Other

Name of Institution: _____ CA UW Other

Name of Institution: _____ CA UW Other

Unofficial Transcript to student/alumni address:

Name/Institution: _____

Address: _____

Payment Website Link: nbps.revtrak.net/new-berlin-west-fees/nbw-transcripts/

Please email this form to meghann.wyss@nbexcellence.org AFTER payment is made.

<i>For Internal Use Only</i>		
<input type="checkbox"/> Form Received _____	<input type="checkbox"/> Transcript Mailed _____	<input type="checkbox"/> Recorded In IC _____
<input type="checkbox"/> Payment Received \$ _____	<input type="checkbox"/> Staff Member Initials _____	<input type="checkbox"/> Letter Of Recommendation _____

For questions or additional information:

18695 W. Cleveland Ave www.nbexcellence.org New Berlin, WI 53146 - (262) 789-6424