

**REQUEST FOR TRANSCRIPT**



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**FEE FOR EACH TRANSCRIPT \$5.00**

**REGISTRAR**  
**SILVER LAKE COLLEGE**  
2406 South Alverno Road  
Manitowoc, WI 54220-9319  
(920) 686-6231

\_\_\_\_\_ Number of Transcripts  
\_\_\_\_\_ Send Now  
\_\_\_\_\_ Send after grades are listed

Name: \_\_\_\_\_ Former Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TRANSCRIPT TO:**

Person/Department/Office: \_\_\_\_\_  
Institution or Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_