

Huron High School
Attn: Records Office
2727 Fuller Road
Ann Arbor, MI 48105



TRANSCRIPT REQUEST FORM

Name _____
Last (Maiden) First ID#

Birthday _____ Phone # _____
Month Day Year

Year of Graduation/Attendance _____

Indicate the number of copies needed by your choice: Official

Unofficial

Please check one of the following: Pick Up _____
 ✓ ID Signature

Fax _____

Mail If transcript is to be mailed please
complete the following:

Name _____
(College, University, Business or Person)

Attention _____

Street _____

City _____ State _____ Zip Code _____

----- **DO NOT WRITE BELOW THIS LINE** -----

For Office Use Only:

Date of Request _____ Date Sent/Picked Up _____

Records Personnel (Please Initial) _____

Amount Paid \$ _____

HHS Records Office
Updated 2/8/05 AM