



Excellence in Action!

Date: _____

TRANSCRIPT RELEASE FORM

To request an official transcript, submit a completed copy of this form along with a \$2.00 fee per request for postage and handling to:

Holly High School
ATTN: Records Office
6161 East Holly Road
Holly, MI 48442
(248) 328-3200 Ext. 3225
(248) 328-3211 Fax

Please release an official copy of my High School transcript to:

Education Institution: _____

Address: _____

Student/Alumni information:

Name: _____

Former/Maiden: _____

Address: _____

Date of Birth: _____ Phone Number: _____

Years of Attendance: _____ to _____ Date of Graduation: _____

Student Signature: _____

Parent/Legal Guardian Signature (if applicable): _____

In keeping with the Family Rights and Privilege Act of 1974, public schools may not release any personal information without a signed release from any individual 18 years of age or older. If the individual is under 18 years of age, a parent or legal guardian must sign a release.

FEE ENCLOSED: \$_____