



**GLADWIN HIGH SCHOOL
TRANSCRIPT REQUEST FORM FOR GRADUATES OF GHS**

Please Note: It may take up to five school days to process your request. PRINT THIS FORM, COMPLETE ALL INFORMATION and SIGN. Fax the completed form to the attention of Transcript Request at 989-426-6031 or mail to GHS GUIDANCE OFFICE Transcript Request 1400 N. Spring Street Gladwin, MI 48624

Student Name (Print): _____

Previous Name/s (Print): _____

Dates of Attendance: _____ Graduation Year: _____

Current Mailing Address: _____

Phone: () _____ Email: _____

Student Signature (cursive): _____

Official Transcripts must be sent directly from our office to the recipient.

___ Check here if you would like an **unofficial** copy mailed to yourself

Please forward my transcript to: *Up to two requests per form.*

Circle: mail fax both

Circle: mail fax both

Company Name: _____

Company Name: _____

Attention: _____

Attention: _____

Address: _____

Address: _____

City, ST. Zip _____

City, ST. Zip _____

Fax: () _____

Fax: () _____

Additional Notes for the Guidance Office Staff: (deadlines, additional information needed, etc.)
