

**GRAND HAVEN HIGH SCHOOL - STUDENT SERVICES**  
**TRANSCRIPT RELEASE FORM**  
**PLEASE PRINT**

**Check One:** Mail \_\_\_\_\_ FAX \_\_\_\_\_

**An Official Copy of My High School Transcript To The Following:**

Name of Institution(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

FAX Number \_\_\_\_\_

**While Attending Grand Haven High School My Records Were In The Name Of (Please Print):**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Year Graduated or Last Year In School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**There is no charge for transcripts, please allow 3 days for processing:**

**Mail or Fax This Request To:**

**Grand Haven High School**

**17001 Ferris Street,**

**Grand Haven, MI 49417**

**Fax: 616 850-6025**

**Thank You**