



## TRANSCRIPT REQUEST

DATE: \_\_\_\_\_

YEAR OF GRADUATION (or last year attended): \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

MAIDEN NAME (or other name): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBER OR EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Mail or bring this form to the Records Office:

Bloomfield Hills High School  
Records  
4200 Andover Rd  
Bloomfield Hills, MI 48302  
(248-341-5732)

There is a fee of \$3.00 per transcript copy. Make checks payable to BHSD.

### INSTRUCTIONS:

Please indicate the type of transcript and the number of copies required:

Official: \_\_\_\_\_  
(signed, school seal applied, in sealed envelope)

Unofficial: \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_

Transcript(s) will be picked up by me: \_\_\_\_\_

Mail transcript(s) to:

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Student Signature: \_\_\_\_\_