

# Huron High School

New Boston, Michigan 49164

## REQUEST FOR TRANSCRIPTS/ACT PRINT Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

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

**Circle** below what needs to happen:

What needs to be mailed or picked up – transcripts, ACT, or both or final transcripts?

\_\_\_\_\_

If transcripts are needed for a **scholarship**, does it need to be in a sealed envelope? Y or N

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If the college/s has a branch school, write down which one. If out of state, write down the city and state. Write down all colleges you need items mailed to.

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