

TRANSCRIPT AUTHORIZED RELEASE FORM

**Please include a \$5.00 check
or money order made out to
Alpena High School.**

Mail to:
Alpena High School, Attn: Switchboard
3303 S. Third Avenue
Alpena, MI 49707
Ph. (989)358-5200 FAX: (989)358-5205

I hereby agree to allow authorized personnel at Alpena High School to release information regarding my grades, rank in class, and attendance to colleges and prospective employers. (Information on Cumulative Office Record)

First Name: _____ Middle Initial: ____ Last Name: _____

Last Name at time of graduation: _____ Date of Birth: _____
(MM/DD/YYYY)

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ Year of Graduation: _____

Location/Address/FAX to send transcript if different than above: _____

Signature: _____

FOR OFFICE USE ONLY

PAID \$ _____ Date self picked up OR mailed on _____

Emailed Request On _____ Mailed to _____ By _____