



MOUNT CLEMENS HIGH SCHOOL TRANSCRIPT REQUEST

Reason for transcript: _____

___ I will pick up my transcript on _____

or

___ Please mail my transcript to:

Name of School or Business: _____

Address: _____

___ Official (embossed in sealed envelope)

___ Unofficial

Graduation Date/Date Last Attended: _____ Last Grade completed: _____

Birth Date: _____ Name (at time of enrollment) _____

Student's Signature _____ Phone Number: _____

Print Name _____

*I authorize **Mount Clemens High School** to release my high school transcript*

*** Transcript requests will be processed within 5-7 business days of receiving this form ***

You can also request transcripts electronically via **Parchment.com** for faster service and delivery

This form can be faxed to: 586-469-7058

Or mailed to: Mount Clemens High School
Records
155 Cass Avenue
Mount Clemens, MI 48082