



**HIGH SCHOOL GRADUATE
TRANSCRIPT REQUEST FORM**

\$5.00 Fee Required Prior to Processing

*Response to your request will require a minimum of three business days.

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Year Graduated: _____ or Year Last Attended: _____

Date of Birth: _____

Current Mailing Address: _____

Phone (with area code): _____

I hereby authorize Holland Christian High School to furnish a copy of my transcript to the institution below.

Signature

Date

COMPLETE ADDRESS OF WHERE RECORDS ARE TO BE MAILED

(If this section is not completed entirely, the records will be sent to the above address.)

Send to Attention of: _____

School or Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Mail Completed Form To:
Transcript Request
Holland Christian High School
950 Ottawa Ave
Holland MI 49423