

**MARQUETTE SENIOR HIGH SCHOOL
GUIDANCE DEPARTMENT**

Official Transcript/Records Request Form

Please **PRINT** and mail this form along with the correct transcript/records fees to:
Marquette Senior High School, Guidance Department, 1203 W. Fair Ave., Marquette, MI 49855

Birth Date: _____ E-Mail Address: _____

Current Last Name: _____ Address: _____

First Name: _____

Middle Name: _____ City: _____

Name while attending MSHS: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Name of Parent/Guardian while attending MSHS: _____

Graduated From: MSHS Year _____
 Bi-County Year _____
 Alternative Ed Program Year _____
 Attended, but did not graduate from Marquette Area Public Schools Start Date: _____ End Date: _____

Mail transcript (Fill out complete address below) Mail transcript after 1st semester grades are posted

How many transcripts or other records (\$4.00 ea.) _____

**If you are requesting other records, please indicate below
what record(s) you are requesting.**

MAIL TO:

OTHER RECORDS

Name	
Address:	
Address:	
City	
State / Zip Code	

Signature (Required for Release of Transcript): _____ **Date:** _____

Federal law (FERPA) requires a signature to release transcripts/records. Transcript/record requests that do not include a signature will be returned to sender.

DO NOT FAX THIS REQUEST

**Personal check or money order only, please. All fees must be included with transcript/records request.
Transcript/records requests received without correct fees will be returned to sender.**