

## THE SCHOOL DISTRICT OF THE CITY OF HIGHLAND PARK

12360 Woodward Avenue Highland Park, Michigan 48203-3322

## Please check School

☐ Highland Park Community High School	☐ Highland Park Career Academy/Adult Education		☐ Highland Park Renaissance Academy	
Please check record request		<u>Please che</u>	ck method of paym	<u>ient</u>
☐ Transcript Request \$10 per copy	□Diplomas <i>\$45 per copy</i>	□Check	$\square$ Money order	☐ Debit/credi
□CA-60 Request \$25 per copy	☐ Course Verification \$5 per cop	y	*No personal checks	
Graduate Information		Additional Required Information		
Full Name		Approximate first year	attended	
Maiden/Other names used while attending school		Approximate last year attended		
		Did you graduate?		□Yes □No
Date of Birth		Official Copy		□Yes □No
Address		Student Copy		□Yes □No
City		Amount Paid		
State/Province/Zip		*Official transcripts will not be released to student without prior permission of requesting institution. The complete and correct mailing address for educational records is the responsibility of the student. There will be approximate 3-15 business day turnaround time for processing this request.		
Country				
Phone Number				
Email		,	, ,	, , , , , , , , , , , , , , , , , , ,
Mailing Address for Official Transcript	•			
Name of College				
Address				
City/State/Zip Code				
☐ By checking this box you acknowled internet on the Highland Park School D the Highland Park School District befor	District website, or via mail by cashiers o			
Office Use Only				
Official Transcript Sent Unofficial Transcript Sent		l Signature		