

TRANSCRIPT REQUEST

I authorize Redford Union High School to release my high school transcript.

Reason for transcript: _____

I will pick up my transcript

Please mail my transcript to:

Name of School or Business: _____

Address: _____

Official (embossed in sealed envelope)

Unofficial

Include ACT/SAT scores

Graduation Date/Date Last Attended: _____ Birth Date: _____

Student's Signature Date: _____

Print Name Phone Number: _____

Transcript requests will be processed in 5-7 business days

This form can be faxed to: 313.242.4205
Or mailed to: Redford Union High School
Counseling Office
17711 Kinloch Road
Redford, MI 48240