

Huron City Schools

Huron Tigers



Huron High School
Committed to Academic Excellence

Graduate Release of Records/Transcript Request

Date of Request:

Date of Birth:

Last Attended/Year of Graduation:

Phone:

Last Name

(Maiden)

First

Middle

Name at Graduation:

Current Address:

City

State

Zip

I hereby authorize the release of my school records to:

Name (or institution):

Address:

City / State / Zip:

Phone:

FAX:

Signature of Graduate:

Type of Transcript Being Requested:

Official:

(Must remain sealed for validation)

Unofficial:

*****PLEASE ALLOW AT LEAST ONE (1) WEEK FOR PROCESSING*****

OFFICE USE ONLY:

Date Received:

Transcript:

Date Mailed: