



Huron High School Committed to Academic Excellence

Graduate Release of Records/Transcript Request

Date of Request: Last Attended/Year of Graduation:		Date of	Birth:
		Phone:	
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Last Name	(Maiden)	First	Middle
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\$2002202000000000000000000000000000000	\$		
City		State	Zip
I hereby author	ize the release of my	school records to:	
Name (or institut	5		
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City / State / Zip:		YYYTYT TO	OPP TENENT PER SENTEN ENTRE TELEVICIENTE SELECTION SELECTION SE SANCTION SE S
Phone:		FAX:	
Signature of Grad	luate:	and an analysis of the state of	
Type of Transcrip	pt Being Requested:		
Official: (Must remain se	ealed for validation)	Unoffic	rial:
***	*PLEASE ALLOW AT	LEAST ONE (1) WEEK FO	R PROCESSING***
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Date Received:	Т	ranscript:	Date Mailed: