BELDING
ADULT & ALTERNATIVE EDUCATION

315 W. Washington Street, Belding, MI 48809
Phone: (616) 794-4646 Fax: (616) 794-4604

TRANSCRIPT REQUEST

TO WHOM IT MAY CONCERN:

The student indicated below has enrolled in our adult/alternative education high school program. To assist us in proper placement for this student, he/she is requesting that you send us his/her student records. Thank you for your prompt assistance.

PLEASE INCLUDE THE ITEMS CHECKED:

___ Transcript of credits earned
___ Immunization records
___ Birth Certificate
___ CA 60 or 39
___ MEAP/MME Scores
___ GED Scores
___ Last IEPC

NAME_____
Last First Middle

FORMER/MAIDEN NAME(S)_____ BIRTHDATE_____

LAST SCHOOL ATTENDED_____

LAST YEAR ATTENDED_____ LAST GRADE COMPLETED_____

SCHOOL ADDRESS_____
Street City State Zip

_____ _____
Signature of Student Signature of Parent/Guardian if minor student

_____ _____ _____
Signature of School Official Title Date

NOTE: The Michigan Attorney General ruled on April 23, 1982 that a school district may not withhold records of a student who transfers to another district if the student has an outstanding financial obligation to the school district.

First Request Date _____
Second Request Date _____