



# TRANSCRIPT REQUEST AVONDALE HIGH SCHOOL

DATE: \_\_\_\_\_

YEAR OF GRADUATION (or last year attended): \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

MAIDEN NAME (or other name): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

Mail form with fee to the Guidance Office:

Avondale High School  
2800 Waukegan  
Auburn Hills, MI 48326  
Attn: Transcripts  
(248-537-6106)

*There is a fee of \$5.00 per transcript copy.  
Make checks/money orders payable to Avondale High School.  
Please allow 5 business days to process your request.  
Same day drop in request cannot be accommodated.*

## INSTRUCTIONS:

Please indicate the type of transcript and the number of copies requested:

Official: \_\_\_\_\_ Unofficial: \_\_\_\_\_  
(signed, school seal applied, in sealed envelope)

Amount enclosed \$ \_\_\_\_\_

Mail transcript(s) to:

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Signature: \_\_\_\_\_