



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:

Signature: _____