

PLYMOUTH-CANTON COMMUNITY SCHOOLS
HIGH SCHOOL TRANSCRIPT REQUEST FORM

IF A HIGH SCHOOL TRANSCRIPT IS REQUIRED, PLEASE FILL OUT THE FORM BELOW AND **INCLUDE \$2.00 (CASH OR CHECK TO PCCS)** FOR PROCESSING.

- **OFFICIAL COPIES** MUST BE MAILED DIRECTLY TO A COLLEGE, INSTITUTION OR EMPLOYER FROM THE HIGH SCHOOL.
- ONLY **UNOFFICIAL COPIES** MAY BE MAILED TO YOUR HOME.

NAME OF STUDENT: _____
(at time of attending)

DATE OF BIRTH: _____ **PHONE:** _____

GRADUATED (year) _____ **or WITHDREW (year)** _____ **or GED (year)** _____

TODAY'S DATE: _____ **YOUR SIGNATURE:** _____

PLEASE SEND A COMPLETE & OFFICIAL COPY OF MY TRANSCRIPT TO:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ATTENTION: _____

OR AN UNOFFICIAL TRANSCRIPT TO:

NAME _____

ADDRESS: _____

IF MAILING REQUEST, SEND TO:

CANTON HIGH SCHOOL
RECORDS OFFICE
8415 Canton Center Rd.
Canton, MI 48187

PLYMOUTH HIGH SCHOOL
RECORDS OFFICE
8400 Beck Road
Canton, MI 48187

SALEM HIGH SCHOOL
RECORDS OFFICE
46181 Joy Road
Canton, MI 48187

STARKWEATHER
RECORDS OFFICE
550 N. Holbrook
Plymouth, MI 48170