

Saline High School

Transcript Request Form

Alumni Requests:

Download this document or mail the required information on a separate piece of paper, along with a check payable to "Saline High School" for \$2.00 per copy to:

Transcripts
Saline High School
1300 Campus Parkway
Saline, MI 48176

Transcripts will not be processed with incomplete information or incorrect/missing payment. Please allow 5 business days for processing.

Faxing of transcripts is prohibited due to their confidential nature. Questions or requests for additional information should be emailed to owene@saline.k12.mi.us.

Current Students:

Stop by the Guidance Office to request your transcript. There is no charge for current students.



Please Print

Name while attending high school _____

Year of Graduation _____ Date of Birth _____

Phone (include area code) _____ Email: _____

Number of transcripts _____ Official or Unofficial (Official transcripts are in sealed envelope.)
Circle One

Check One:

Mail Transcript(s) _____ **or** Hold in High School Office for pick-up _____

Mailing Address(es):

School or Other Recipient: _____

Street: _____

City, State, Zip Code: _____

Amount Enclosed: _____