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# Holt High School – Main Campus

Counseling Department  
5885 W. Holt Road, Holt, MI 48842  
Phone 517.699.0291 Fax 517.699.3451  
Email: transcripts@hpsk12.net

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## Student Transcript Request Form

Written permission is required to release/request student records. I hereby consent to the release of the records of:

Student's Name: \_\_\_\_\_  
(include maiden name if married)

Birthdate: \_\_\_\_\_ Year of Graduation or Drop Date: \_\_\_\_\_

Last School Attended:

\_\_\_\_\_ Holt High School

\_\_\_\_\_ Holt EdTrek

\_\_\_\_\_ Holt Central High School or Holt Adult Ed

GED records can be requested by contacting: Michigan Dept of Energy, Labor, and Economic Growth at (517) 373-1692.

Please send to the following address:

Note: Colleges require "Official Transcripts" with our stamp and seal which are mailed directly from HHS to the college.

*Please include name of college/employer/recipient*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

Picked up (Include phone number below; we will contact you when your requested transcripts are ready for pick up.)

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

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_