

Pupil Personnel Services Transcript Request

All transcripts should be paid and signed for by the recipient upon pick up

If mailing; Money Orders ONLY!

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First Name: Last Name:

Maiden Name:

Address:

City: State: Zip Code:

Phone Number: D.O.B: (mm/dd/yyyy)

High School: Graduation Year: (yyyy)

If you need your transcript sent, please provide the following:

Personal/Business/College Name:

Attention:

Address:

City: State: Zip Code:

Signed By

Date

NOTE If mailing; Money Orders ONLY!**

Flint Community Schools
Child Accounting Dept.
923 E. Kearsley Street
Flint, MI 48503
Phone: (810) 760-1230