



**TRANSCRIPT or DOCUMENT REQUEST:**

Please complete this form, include your **signature along with a copy of your ID** and return to Utica High Counseling Office via fax or email to [emily.coletti@uticak12.org](mailto:emily.coletti@uticak12.org) FAX: 586-797-2291  
Please fill out all fields below:

TODAY'S DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ LAST NAME (if different when attended): \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_  
Graduation Year or withdrawal year: \_\_\_\_\_

**WHAT ARE YOU REQUESTING:**

Official Transcript \_\_\_ Unofficial Transcript \_\_\_ Other(*description*) \_\_\_\_\_  
**\*\*\*please note we do not email transcripts.**

**Address transcript/document will be mailed to:**

\_\_\_\_\_  
Name, college, organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**\*\*OR FAX TO:** Name: \_\_\_\_\_ Fax # \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

By signing this document, I certify that I am the above Utica High School student requesting my transcripts on my own behalf.

**\*\*\*REMEMBER TO INCLUDE A COPY OF YOUR ID WHEN EMAILING THIS FORM BACK**

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Office Use: Date Received \_\_\_\_\_ Date Transcript was mailed \_\_\_\_\_