



Office of Centralized Enrollment

Record Request Form

All transcripts should be paid and signed for by the recipient upon pick up with cash or money order. If mailing, **money orders or business checks only**

- | | |
|--|---|
| <input type="checkbox"/> \$15.00 Diploma Insert & Booklet | <input type="checkbox"/> \$10.00 Diploma Insert |
| <input type="checkbox"/> \$3.00 Transcript (Grads/Non-Grads) | <input type="checkbox"/> \$1.00 Immunization |

First Name: Last Name:

Middle: D.O.B.: (mm/dd/yyyy)

Maiden or Name while in school:

Address:

City: State: Zip Code:

Phone Number:

School: Grad Non-Grad

If Grad, what year?

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

Personal/Business/College Name:

Attention:

Address:

City: State: Zip Code:

Signature

Date

I am authorizing to

assist me with paying for my records receiving my records **(Picture ID is required)**

*****If Mailing, Money Orders or Business Checks Only!*****

Flint Community Schools, Office of Centralized Enrollment
923 E. Kearsley St. - Flint, Michigan 48503
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