



# Winston Churchill High School

Guidance Office: 734-744-2650, ext. 46105

## Transcript/Immunization/Records Request Form

Date of Request \_\_\_\_\_

Birth Date \_\_\_\_\_

Requesting:  Transcript  Immunizations  Other \_\_\_\_\_

\*\*ACT/SAT scores will be included with a transcript request.\*\*

Full Name \_\_\_\_\_

*Last*

*First*

*Middle*

Maiden Name \_\_\_\_\_ (Or Last Name Used while Attending Churchill)

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

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

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

Last Year Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

\*\*ACT/SAT scores will be included with a transcript request.\*\*

Please indicate to whom the records will be released:  SELF  COLLEGE  OTHER

College/Business/Self \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you need more space, please use the back of this form

**NO CHARGE the Year Following Graduation or Attendance**  
**\$5.00 (Per Copy Fee) one or more years after Graduation or Attendance**

**Please note: All requests will be processed within 5 days of receipt**

\*Check, money order or cash are accepted (payable to Livonia Public Schools),

Mail to: **Churchill High School, Guidance Office,  
8900 Newburgh Rd. Livonia, MI 48150**

Student Signature (parent or guardian if under 18) \_\_\_\_\_

In compliance with the "Family Education Rights and Privacy Act of 1974", I hereby grant permission for Livonia Public Schools to release a copy of my educational records to the person or institution listed above.

**Office Use Only:**

Request & Payment Received \_\_\_\_\_

Payment: Cash/Check/M.O. # \_\_\_\_\_ Amount \_\_\_\_\_ Mailed \_\_\_\_\_