



312 W. Maple Ave.  
Byron, MI 48418  
810-266-4620

# Byron Area Schools

## Transcript Request

Please return completed request:

*in person:*

312 W. Maple Ave.  
Byron, MI 48418

*by fax:*

810-266-5010

*by email:*

brownj@byron.k12.mi.us

Student Name: \_\_\_\_\_

Former or Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

I hereby authorize Byron High School to release my records as listed below:

☐ Transcripts

☐ Test Scores

☐ IEP

☐ Other: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

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

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

Parent Signature: \_\_\_\_\_

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

*(required only for students under 18 years old)*

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OFFICE USE ONLY

Completed by: \_\_\_\_\_

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