



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:

forbushm@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)

OFFICE USE ONLY

Completed by: _____ Date: _____