

**PORT HURON AREA SCHOOL DISTRICT
2720 RIVERSIDE DRIVE
P.O. BOX 5013
PORT HURON, MI 48060**

Return the Records Request Form to the Student Records Office. Please be sure to include a phone number where we can reach you. You may return your request in one of several ways.

- Email this form to: pbonnick@phasd.us
- Mail the request to: Student Records; Port Huron Area School District; 2720 Riverside Drive;
P.O. Box 5013; Port Huron, MI 48060
- Fax the request to: 810-272-4785 Attn: Student Records
- You are also welcome to drop it off at our Administration Building at 2720 Riverside Drive.

Identification is required. A driver's license or other picture I.D. is required. If either of these forms of identification is not available, an original birth certificate will be accepted. Please contact our office for arrangements. (If the records are being sent directly to another educational facility, then no identification is required.)

If you have questions regarding obtaining your school records, contact our office at (810) 984-3101 ext. 3913.

Date: _____

Request: TRANSCRIPT SPECIAL EDUCATION OTHER: _____

NAME as it appears on school records (maiden): _____

DATE OF BIRTH: _____ PHONE: _____

SCHOOL YOU LAST ATTENDED (Port Huron Area School District): _____

DATE GRADUATED: _____ OR DATE LEFT: _____

RECORDS ARE TO BE: PICKED UP SENT TO Email

FAX: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

NOTE: Your signature is required if transcript is to be sent anywhere other than to an educational institution in which the individual intends to enroll or has enrolled. If you are requesting records for someone other than yourself, you will need to show proof of guardianship, ie. Birth Certificate or Guardianship papers along with identification.

Date Processed: _____

Initials of Processor: _____