

*Coloma Community Schools*  
HIGH SCHOOL TRANSCRIPT REQUEST

I, \_\_\_\_\_, request a copy of my:

- High School Transcript       Immunization Record

Birth Date: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(if applicable)

Year you last attended Coloma Schools or graduated: \_\_\_\_\_

Please Fax record(s) to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail record(s) to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number you can be reached at if there are any questions: \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Form can be mailed to:** Coloma Community Schools  
P.O. Box 550  
Coloma, MI 49038

**or**

**Faxed to:** 269-468-2440