

Holt Lutheran Schools

2418 Aurelius Rd.
Holt, MI 48842
Chelsea Speers, Principal



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principal@hlsmi.org

Student Information:

Name: _____ Former Name(s): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Email: _____

Note: We will only use your Phone number or email to contact you regarding any questions we have regarding your request.

What was your last year of attendance: _____

Service Options:

How should we send the request?

- Have my Transcript Mailed or Faxed (See Below for Service Options)
- Pick up my Transcript Provide phone number: _____ We will call you when transcript is ready.

What Type of Service would you like for this Request?

- Regular Service (No fee, Mailed or ready for pick-up within 10 business days MAXIMUM OF 5 TRANSCRIPTS PER ORDER)
- Rush Service (Select one below: Request will be processed by the next business day MAXIMUM OF 2 TRANSCRIPTS PER ORDER)
- Next Day Service (\$40): Overnight Shipped via Fed-Ex and received next business day
- Line Jumper Expedited Service (\$15): Processed within 24 hours, and placed into First Class US Mail the next business day
- Fax Service (\$15): Unofficial transcripts will be faxed by the next business day and an official copy will follow in the mail Please provide fax number for this type of request (as well as a mailing address below):

Address to Mail Transcript to:

Name: _____ Number of Transcripts Requested: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Student Signature: _____ Date _____

Note: Absolutely no transcripts will be sent without your official signature on this form. Electronic signatures are not accepted.

Payment Information: Please provide credit card info ONLY if requesting expedited service

Name on Card: _____ Date of Transaction: _____

Card Number: _____ Type of Card: _____

CVV# _____ Expiration Date: _____ Billing Address: _____

City, State, Zip Code: _____

Card Holder Signature: _____

(OFFICE USE ONLY) Capture Number: _____