

David Douglas High School
TRANSCRIPT REQUEST

Student Name: _____

Graduation Year: _____ Phone: _____ Birthdate: _____

Please send a copy of my high school transcript to:

Name of College, Scholarship or Institution: _____

Address: _____

Choose one of the following:

I will pick up the Transcript

Send Transcript directly to institution listed above

Student Signature: _____ Date: _____