

**David Douglas High School  
Transcript Request**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Address: \_\_\_\_\_ Grade Level: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

<p>Name of Institution or Scholarship Name: _____</p> <p>Address: _____ _____</p> <p>All test scores (SAT, PSAT, Oaks) will be included unless otherwise stated _____</p> <p>Comments: _____ _____</p> <p>Transcript must be received no later than: _____</p>
--

\_\_\_\_\_ I will pick up the Transcript

\_\_\_\_\_ Send Transcript directly to institution listed above

\_\_\_\_\_ Send Transcript with Counselor recommendation to institution listed above

Counselor's Name: \_\_\_\_\_

<p>Student Signature: _____ Date: _____</p> <p>Parent Signature (if student is under 18 years old): _____</p>
---

**DO NOT WRITE BELOW THIS AREA - OFFICE USE ONLY**

	Date Transcript Sent by Registrar
	Date Transcript Given to Student by Registrar
	Date Transcript Given to Counselor