

Dos Pueblos High School
7266 Alameda Ave
Goleta, CA 93117
Fax: 685-1152

TRANSCRIPT REQUEST

*FEE: \$ 3.00 each copy (checks or cash excepted)

NAME WHILE ATTENDING SCHOOL

| | | |
|----------------------|-----------------------|----------------------|
| _____ | _____ | _____ |
| Last (Maiden) | First | DOB |
| _____ or _____ | _____ or _____ | _____ |
| Present Grade | Year Graduated | Year Withdrew |

MAIL TRANSCRIPT TO:

1. _____

2. _____

* First 2 copies of transcripts are free for current students.

SEND:

- Now
- End of Semester
- After Graduation

- Include Test Scores
- Do not include Test Scores

Date: _____ Signature: _____

FAX OR MAIL REQUEST

Office use only: Date received _____ Fee received _____ Date Sent _____