

DENISON COMMUNITY HIGH SCHOOL

REQUEST FOR TRANSCRIPT (CURRENT STUDENT)

Today's Date: _____

Student's Name: _____ Maiden: _____

Date of Birth: _____

Year of Graduation: _____

ADDRESS OF COLLEGE/HOME/EMPLOYER/SCHOLARSHIP WHERE TRANSCRIPT(S) ARE TO BE SENT:

1. Name: _____
Address: _____
City, State, Zip _____

2. Name: _____
Address: _____
City, State, Zip _____

***If you are requesting additional copies include address on the back of this form or on an attached sheet.**

****For a transcript to remain official, it must be sent directly to the college/employer/scholarship group OR placed in a sealed envelope. Only unofficial transcripts will be sent to home addresses or given to students.**

I hereby grant permission for Denison Community High School to release my official transcript to the above address(es).

Signature: _____

Present address: _____

Telephone #: (_____) _____

Email contact: _____

**Please return form to:
Denison High School Guidance Office
819 Monarch Drive
Denison, Iowa 51442
Office Use Only**

Date Received: _____ by _____

Date Sent: _____ by _____