

# DUNCANVILLE HIGH SCHOOL TRANSCRIPT REQUEST FORM

**4 DAY - Transcript Fee: \$3.00 Per Transcript -- Cash, Check, or Money Order Payable to:  
Duncanville High School**

**1 DAY - Rush Transcript Fee: \$5.00 Per Transcript**

Name (print): \_\_\_\_\_ Other Last Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone #: \_\_\_\_\_ Year Graduated: \_\_\_\_ or Withdrawn: \_\_\_\_

(Check One): \_\_\_\_ **OFFICIAL** or \_\_\_\_ **UNOFFICIAL** TRANSCRIPT . . . # of Transcripts Requested: \_\_\_\_

**\*Note: TRANSCRIPTS PROCESSED IN 4 SCHOOL DAYS - \$3.00 Fee** \* Amount Paid \_\_\_\_ Rec'd By \_\_\_\_

**Check: Pay Upon Pickup** \_\_\_\_\_

Transcript Delivery Method (Check One): \_\_\_\_ **Pick Transcript Up** PERSONALLY After 1:00pm (4th day) **OR**

Fax Transcript #: \_\_\_\_\_

**MAIL TRANSCRIPT TO:** \_\_\_\_ College/University, \_\_\_\_ Institution/Business, \_\_\_\_ Home Address

Name: \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**\*NOTE: IF REQUESTING  
TRANSCRIPT FOR ANOTHER  
PERSON, A LETTER OF  
CONSENT FROM THE  
INDIVIDUAL IS REQUIRED\*.**

**\*Student Signature REQUIRED:** \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT I.D. VERIFICATION #: \_\_\_\_\_ CHECK I.D. DRIVERS LICENSE #: \_\_\_\_\_