

OFFICIAL TRANSCRIPT REQUEST FORM

Davis High School 325 South Main St. Kaysville, UT. 84037

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PLEASE PRINT CLEARLY		Please Mark One:	
Date: Name: Grad Student #: Grad Phone: Birthdate: Graduation Year:	de:	□ Please mail transcript by deadline of □ Will pick up in person (Note: Transcripts not picked up within 5 days from the time printed will be discarded.) Purpose of Transcript: □ Admission/Scholarship □ Personal Use Mail Transcript to:	
AP, ACT, and SAT score of transcripts All requests MUST be co All official transcripts are Please make payment to Bring this request form of Mail your request with paddress (ATTN: REGISTRATE Please allow TWO WEEK Only list addresses for coon the list I authorize Davis High School to transcripts. Student Signature:	mpleted and signed 2 \$2.00 per copy 3 Davis High School. With your payment OR Dayment to the above AR) KS for processing Colleges/universities not Trelease a copy of my	(Provo, Idaho, & Hawaii) Ask for SSID # □ College of Eastern Utah □ Dixie State University □ LDS Business College □ Salt Lake Community College □ Snow College □ Southern Utah University □ University of Utah	
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