

Denver Lutheran High School
Transcript Request Form

Date Received _____

Date Sent _____

Allow one week for processing. Lack of planning does not make it an emergency for the registrar. Transcripts needed on short notice will be charged \$5 each.

DIRECTIONS: Please print and complete the form. DLHS students and first-year alumni are processed free. All others must send a \$5 check made out to DLHS or use a credit card for \$7 for each transcript.

1. Student Name: _____
(Last) (First) (MI)

OR

2. Alumni Name: _____
(Last) (First) (MI or Maiden Name)

Alumni address: _____

Alumni graduation year: _____ Soc.Sec.: _____

3. Name of School(s) or Organization(s) Receiving Transcript:(one per line; check why)
(Please use the back for additional room for requests.)

admission

scholarship

4. Check one:

a. _____ Please mail the transcript before _____.
(month, day, year)

b. _____ Please give the transcript to the student above in a sealed envelope.

5. "I realize that it is my responsibility to have completed all forms accurately and punctually. I also realize that if I have omitted something or incorrectly marked a form that the transcript process will be delayed."

(student signature)

(date of this request)

6. Student checklist:

_____ Included large enough envelope and affixed sufficient postage

_____ Addressed the envelope correctly, both addressee and return addresses

_____ Enclosed all required papers, signed and completed

_____ Include check with appropriate fee payment