

Denver Lutheran High School
Transcript Request Form

Date Received _____

Date Sent _____

Allow one week for processing. Lack of planning on your part, 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 send \$5 check or credit card charge 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)
Include: complete address, City, State, Zip
(You may write more on the back of this form.) admission scholarship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Check one: (see below for what to include when you check A)

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

- _____ included large enough envelope and affixed sufficient postage
(3 stamps for 8x11 envelope and 1 stamp for a letter size/4x9 envelope)
- _____ address the envelope correctly, both addressee and return addresses
- _____ enclose all required papers, signed and completed, and any fee

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 request handed in)