

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**John Foster Dulles High School  
Transcript Request Form**

Registrar's Office 550 Dulles Ave., Sugar Land, TX 77478  
Ph: 281-634-5623 Fax: 281-327-5623

**PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING**

Name \_\_\_\_\_ Date \_\_\_\_\_

Last First

Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_

Choose One: Grade \_\_\_\_\_ Withdrawn (YR) \_\_\_\_\_ Graduated(YR) \_\_\_\_\_

**Signature** \_\_\_\_\_

Office Use Only

Envelopes & Postage (9X12 with 3 stamps and a DHS return address) required for:

- ALL out of State Requests
- ALL Scholarships/Summer Camp Requests
- ALL requests including additional attachments (i.e. forms, letters of recommendation, etc.)

*Please note **YOU** are responsible for sending official SAT/AP/ACT test scores to colleges. This is done by contacting either College Board or the ACT Program.*

University Postmark Deadline \_\_\_\_\_ **OR** University Received Deadline \_\_\_\_\_

**Where would you like your transcript sent?**

Recipient Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use Only

For Office Use Only:

*Request Received* \_\_\_\_\_

*Request Sent* \_\_\_\_\_