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Choose One:  Grade________ Withdrawn (YR) _________ Graduated(YR) _________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_____________________________________

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:

________________________________________________________________________

________________________________________________________________________

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For Office Use Only:

Request Received ______________

Request Sent ______________