

Former Student Request for Transcript or Immunization Records

Please include cash (exact change only), check (payable to Davis High) or money order for \$10.00 for each copy requested

Date of Request: _____ *Approx. Processing time is 3 – 5 days*

Last Name: _____ First Name: _____

Other Names Used: _____

Date of Birth: _____ Phone number: _____

Year of Graduation: _____

Number of transcripts requested: Official (signed & sealed) _____ Unofficial _____

_____ Mail -Address where you want transcript sent : _____

_____ Pick up in person

Former Student Signature: _____

We cannot accept requests from a second party without signed consent from the former student (includes parents of students 18 years and older)

Mail or Bring this completed form with your payment to:

**Davis Senior High School
Attention: Registrar
315 West 14th Street
Davis, CA 95616**

Office use _____ Fee Paid _____