Dunsmuir Joint Union High School District

Inspiring Excellence

STUDENT/ALUMNI TRANSCRIPT REQUEST

Dunsmuir High School
5805 High School Way
Dunsmuir, CA 96025
530.235.4835 phone
530.235.2224 fax

Date Requested: _____

CURRENT NAME: _____

MAINDEN NAME (If applicable) _____

Graduation Year: _____

Official Sealed Copy

Number of Copies Requested: _____

Unofficial Copy

Number of Copies Requested: _____

Purpose of Request:

____ Scholarship

____ College Entrance

____ Employment

____ Other _____

____ I will personally pickup

Please mail to: Attach additional addresses if multiple copies were requested

_____
Name

_____
Address

_____
City State Zip

Signature _____