

De La Salle High School
Graduate/Alumni
Transcript Request Form

Today's Date: _____

NAME: _____
Last Name First Name Middle Initial

Year of Graduation: _____

Date of Birth: _____

A De La Salle High School Transcript includes all earned grades at DLS, grades reported by other schools (if applicable).

I will pick up my transcript

Please mail my transcript to: _____

Please email me an unofficial transcript to _____

YOUR SIGNATURE: _____

Fax request to Linda Byrne, DLS Registrar at 925-827-0220 or email to byrne@dlshs.org

OFFICE USE ONLY:

Fee Paid: _____

Date Sent: _____

Sent by: _____