



Dade County High School

Transcript Request



Name: _____
Last First Middle Maiden

Address: _____

Phone: _____

Date of Birth: ____/____/____ Year of Graduation: _____

_____ Mail request to above address (non-certified copy only)

_____ Will pick up after 3:00 pm on _____ (non-certified)

_____ Certified and sealed in envelope (for job or scholarship)

_____ Fax request to _____ Fax Number: _____

_____ Mail request to school/college below (certified copy)

*** If you have been issued a school/college ID number, enter that number here:

School/College ID Number: _____

School Name: _____

Address: _____

Signature: _____ Date: _____

Special Instructions: