TRANSCRIPT REQUEST
DESTREHAN HIGH SCHOOL

PLEASE PRINT

Date Requested_____

First Name_____ Middle Initial_____ Last

Name_____

Date of Birth_____

Year of Graduation _____

Contact Phone# _____

Please Send My Transcript to:
(Please Provide the Address for any out of state schools)

Name of School or University**:**_____

Address:_____

_____

Attention:_____

Please Check All that Apply:

____ Send Transcript

____ Send with Application (Application Deadline_____)

____ Send Test Scores

____ Sealed Envelope (give to student)

____ Unofficial (give to student)

Student's Signature:_____