

URBANDALE HIGH SCHOOL REQUEST FOR OFFICIAL TRANSCRIPT

PLEASE PRINT PLAINLY

Please print, complete and sign this form.
One request form is required for each school
or scholarship.

Return request to: Mrs. Gibson, Counseling Secretary
Urbandale High School
7111 Aurora Avenue
Urbandale, IA 50322

Allow 5 days for processing.

FAX: 515-457-6808

Student Name _____

Date of Birth _____

Name While Attending UHS _____

Current Address _____

Phone _____

Year of graduation _____

Dates of Attendance at Urbandale High School _____

Include ACT/SAT scores? Circle one (Yes / No)

Please indicate your choice:

_____ Send Now

Indicate the address to which the transcript is to be sent, if different than above.

_____ Will pick up in UHS Counseling Office

SIGNATURE OF STUDENT _____

In accordance with federal law, records cannot be released without the written consent of the student or parent of minor student.

PLEASE NOTE: Official transcripts of DMACC credit must be requested directly from Des Moines Area Community College.

FOR OFFICE USE ONLY

Date request received _____

Date request completed _____