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| <u>FOR OFFICE USE ONLY</u> |
| Date _____ |
| Initials _____ |
| Picked up <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> |

TRANSCRIPT REQUEST AND PICK-UP FORM

Duncan High School
ATTN: Transcripts
515 North 19th
Duncan, OK 73533
Phone – 580-255-0700
Fax – 580-252-3576

Full Name: _____
(maiden name or name at graduation)

Your e-mail: _____

Date of Birth: _____ **# copies needed:** _____

Year of graduation: _____
(or date you last attended)

Today's date: _____ **Phone:** _____

Please send to: _____
(your name or college name)

(attention)

(address)

(city, state, and zip code)

I understand that my transcript includes the following: grades, class rank, grade point average, standardized test results and AP scores.

Student signature

Parent signature (if student is under 18)