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| |  | | --- | | Please complete the transcript request form.  Save it to your computer and then attach it to an email.  Send to Glenna Ricks, Administrative assistant, at [gricks@dublinisd.us](mailto:gricks@dublinisd.us)  OR  Print and fax to 254-445-3345  \*\*Please allow a one week processing time for each request. | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Student Name:** |  |  | Date Requested: |  |  |  |  | | --- | --- | | Please include maiden name if married. | | | Current Address: | Current Phone #: | |  |  | |  |  | |  |  |  |  |  | | --- | --- | | Birth Date: | Graduation Date: | |  |  |  |  | | --- | | Total number of **Official** transcripts needed: | |  | | Total number of **Unofficial** transcripts needed: | | Test scores will be included if available. | |

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| |  | | --- | | Transcript Destination |  |  | | --- | | I will pick up transcripts in the administration office: | | Please mail transcripts to: |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  |  |  | | --- | |  | | Office Use: |  |  |  |  | | --- | --- | --- | | Request Completed by: | Date Sent: |  | |