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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 ORPrint and fax to 254-445-3345\*\*Please allow a one week processing time for each request. |

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| **Student Name:** |  |  | Date Requested:  |  |

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

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| Transcript Destination |

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| I will pick up transcripts in the administration office: |
| Please mail transcripts to: |

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| Office Use: |

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| Request Completed by: | Date Sent: |  |

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