



Transcript Request Form

Name on DMGS records: (L) _____ (F) _____ (M) _____

Former/Current Name: (if different than DMGS records) _____

Attendance Dates: _____

Phone number: (____) _____ Email address: _____

Preferred method of contact for any necessary follow-up (Check only one box below)

Phone Email

Unofficial transcripts may be emailed.

Email to: Name: _____ Email Address: _____

Official transcripts may be picked up or mailed. Please indicate preferences below:

*Pick up. Number of copies: _____

Please mail (enter number) _____ official transcript(s) to the following address:

Please mail (enter number) _____ official transcript(s) to the following address:

I authorize DMGS to release my academic transcript as instructed on this form. All requests must be authorized by the student's signature in accordance with DMGS FERPA compliance policies.

Signature: _____ Date: _____