



Douglas Unified School District No. 27

New Student Center
 Phone: 520-364-2447 - Fax: 520-224-2422

1132 12th Street
 Douglas, Arizona 85607

OFFICIAL TRANSCRIPT REQUEST FORM (\$5.00 Processing Fee)

*School information will be supplied only upon receipt of signed authorization by the former student.
 If student is under the age of 18, parent must sign and present a valid form of identification.
 Please make check or MO payable to: Douglas Unified School District.*

Student's Full Name (name when attending school):		Nickname Used:	Today's Date:
Date of Birth (MM/DD/YY):		Place of Birth:	
Name of parents (father, mother, or legal guardians):			
Current Mailing Address:			
City, State, Zip Code:		Current Phone #:	
Name of School Building:	Grade(s) Attended:	Dates Attended:	
Graduated from Douglas High School? No <input type="checkbox"/> Yes <input type="checkbox"/> Graduation Year: _____		Residence at time of Attendance:	
Remarks:			
Signature:		Date:	Relationship to student (if minor):
<input type="checkbox"/> Fax <input type="checkbox"/> Mail # of Copies _____		<input type="checkbox"/> Fax <input type="checkbox"/> Mail # of Copies _____	
Official Transcript To:		Official Transcript To:	

FOR OFFICE USE ONLY			
<input type="checkbox"/> Record Found <input type="checkbox"/> Record Not Found		Date Mailed & # of Copies Sent:	Date Faxed & # of Copies Faxed:
Date Payment Received:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check/MO #	<input type="checkbox"/> Cash <input type="checkbox"/> Check/MO #
Transcript(s) will not be sent until payment is received			
Completed by:			Date:
Comments:			