

**DUBLIN HIGH SCHOOL TRANSCRIPT REQUEST**  
**8151 VILLAGE PARKWAY, DUBLIN, CA 94568**  
**Phone (925) 833-3300 x7016 Fax (925) 833-3322**

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**\*IF REQUESTING A TRANSCRIPT FOR ANOTHER PERSON, A LETTER OF CONSENT FROM THE INDIVIDUAL IS REQUIRED**

**\*\*FAXED TRANSCRIPT REQUEST FORMS ACCEPTED BY DUBLIN HIGH SCHOOL FOR CAMPUS PICKUP ONLY**

**Year of Graduation:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_  
**For DPIE Only Transcripts, Year of Attendance:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Birthdate:** \_\_\_\_\_ **Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**  
Month/Day/Year

**Address:** \_\_\_\_\_  
Street City State Zip

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(If more than two copies are requested, attach a list of colleges and addresses)

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