

Transcript Request Form

Dover High School
Guidance Office
520 N. Walnut Street
Dover, OH 44622

Office number (330) 364-7144
Fax number (330) 364-7142

- All financial obligations must be paid in full in order for the transcript to be released.
- Allow 3-5 working days from the date of your request for the transcript to be processed.
- Provide a self-addressed stamped envelope for mailing.
- Complete this form and mail it to Dover High School along with a self-addressed stamped envelope OR, submit the form in person.
- Official transcripts sent directly to a student are marked ***"ISSUED TO THE STUDENT"*** and may not be accepted by the third party.

Print, complete, and return this form

Year Graduated _____ Date _____

Year Withdrawn _____

Send to college? _____ yes _____ no Number of copies _____

Name _____ MaidenName _____

Signature _____ Date of Birth _____

Address _____

City State, Zip _____

I request that my transcript be mailed to:

Name/college/institution: _____

Address: _____

City, State Zip _____

For Office Use Only

Date mailed _____

Dated picked up _____ Initials _____

_____ We are unable to process this transcript request because of unpaid fees.