Transcript Request

Don Bosco Technical Institute • 1151 San Gabriel Blvd. • Rosemead, CA 91770
Office of the Registrar • 626-940-2020

Fee: 3.00 per copy

Signature Required at the bottom of the page to Release a Transcript.
A separate request must be made **each** time transcripts are to be mailed. Please print clearly.
Allow 3 to 5 days during the semester or 4 to 6 weeks after the end of the semester for processing.

Name of Student:_____ Class year/grade:_____ Major:_____

Cell or Phone Number of Student:_____

Date of Birth:_____ Social Security # _____ Student ID #:_____

Work in Progress Report: ☐ Yes ☐ No Hold for Final Grades? ☐ Yes ☐ No

Deadline date (if any) to send transcripts:_____

#1. Send ☐ High School, ☐ College, or ☐ both transcripts to:

Person or Department:_____ # of Copies:_____

School or Agency:_____

If transcript is be mailed you must provide the following:

Street Address:_____

City, State, Zip code:_____

#2. Send ☐ High School, ☐ College, or ☐ both transcripts to:

Person or Department:_____ # of Copies:_____

School or Agency:_____

If transcript is be mailed you must provide the following:

Street Address:_____

City, State, Zip code:_____

Signature to Authorize Release of Transcripts:_____ Date:_____

Parent signature required for all high school students under 18.
Student signature required for all high school students 18 years of age or older.
Student signature required for all high school graduates.
Student signature required for all college students and all graduates.