



Transcript Request Form Don Bosco Technical Institute

Office of the Registrar
1151 San Gabriel Boulevard
Rosemead, California 91770
(626) 940-2020

**OFFICE USE
ONLY**

Official

Unofficial

\$3.00 per copy

Personal Information

Name of Student:	
Class year/grade:	Major:
Date of Birth:	Student Identification Number:
Address:	
City, State, Zip:	E-Mail Address:
Home Phone:	Cell Phone:
Deadline Date (if any) to send transcripts:	
Hold for Final Grades: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work in Progress Report: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I want to pick up my transcript on _____	<input type="checkbox"/> I want my transcript sent to the address(es) below

Transcript Instructions: Send <input type="checkbox"/> High School, <input type="checkbox"/> College <input type="checkbox"/> Both Transcripts to:
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Transcript #1

Person or Department:	
School or Agency:	
If transcript is to be mailed you must provide address	Number of Copies:
Street Address:	City, State, Zip:

Transcript #2

Person or Department:	
School or Agency:	
If transcript is to be mailed you must provide address	Number of Copies:
Street Address:	City, State, Zip:

Signature to Authorize Release of Transcripts Signature (transcripts cannot be released w/o signature)

Signature: _____

Date: _____

*Parent signature is required for all high school students under the age of 18
 Student signature is required for all high school students 18 years of age or older
 Signature required for all former students*