



TRANSCRIPT REQUEST FORM
DON BOSCO TECHNICAL INSTITUTE

Office of the Registrar
1151 San Gabriel Boulevard
Rosemead, California 91770
(626) 940-2000

OFFICE USE ONLY

of Official _____

of Unofficial _____

\$3.00 per Copy

Personal Information

Name of Student:	
Class Year/Grade:	Technology Major:
Student Identification Number:	Date of Birth:
Home 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(s) on:	<input type="checkbox"/> I want my transcript(s) sent to the address(es) below:

Type of Transcript(s) to be Sent: **High School** **College** **Both**

Transcript #1

School or Agency:	
Person or Department:	
Number of Unofficial Copies:	Number of Official Copies:
Address (only fill out if mailed):	
City, State ZIP:	

Transcript #2

School or Agency:	
Person or Department:	
Number of Unofficial Copies:	Number of Official Copies:
Address (only fill out if mailed):	
City, State ZIP:	

Transcript #3

School or Agency:	
Person or Department:	
Number of Unofficial Copies:	Number of Official Copies:
Address (only fill out if mailed):	
City, State ZIP:	

Signature to Authorize Release of Transcripts (transcripts cannot be released without signature)

Name: _____ 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

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