TRANSCRIPT REQUEST FORM
DON BOSCO TECHNICAL INSTITUTE
1151 San Gabriel Boulevard
Rosemead, California 91770
Phone: (626) 940-2000
Fax: (626) 940-2001

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: YES NO Work in Progress Report: YES NO
I want to pick up my transcript(s) on: 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

OFFICE USE ONLY: