

## 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Year Withdrawn \_\_\_\_\_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 \_\_\_\_\_

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### For Office Use Only

Date mailed \_\_\_\_\_

Dated picked up \_\_\_\_\_ Initials \_\_\_\_\_

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