Transcript Request Form

***To the Student*: Please complete this form and send it to the high school from which you graduated.**

I am requesting one copy of my transcript, showing my high school graduation date to be sent to:

Dominican University of California
Office of Admissions
50 Acacia Avenue
San Rafael, CA 94901

DOMINICAN UNIVERSITY of CALIFORNIA 1890

This place changes people.

***To the High School*: Please hold this request until the graduation date is posted.**

General Information

Name: _____
Last First Middle Social Security Number

Address: _____
Street/Apt. No. City State Zip

_____
Day Phone Evening Phone

_____
E-mail address FAX

Name on Transcript, if different from above: _____

Name of High School: _____

Dates Attended: _____

High school graduation date: _____

Student's Signature: _____

Amount enclosed: $_____