

DSIS Transcript Request Form

Date of Request: _____ (Processing time 3-5 business days)

First Name: _____ Last Name: _____

Other Names Used: _____

Date of Birth: _____ Phone Number: _____

Year of Graduation: _____

Number of Transcripts Requested: _____

Official (Signed & Sealed) _____ Unofficial _____

Delivery Options:

Mail – Address where you want transcript sent:

Name of college/organization: _____

Street Address: _____

City, State, Zip: _____

Pick up in person

Faxed to (Unofficial only) – Fax Number: _____

Email to (Unofficial only) – Email Address: _____

****Student Signature:** _____

We cannot accept requests from a second party without signed consent from the former student
(Includes parents of students 18 years and older)

Mail, fax or email this form to:

Davis School for Independent Study
Attention: Registrar
526 B Street
Davis, CA 95616
Phone: 530-757-5333
Fax: 530-757-5382
Email: drubin@djud.net