Transcript Request Form (TRF)
DeSoto High School
600 Eagle Drive
DeSoto, TX 75115

Requested by:

_____
Name (Last, First MI)
_____
Street
_____
City, State, Zip Code

Mail to:

_____
Name (Last, First MI)
_____
Street
_____
City, State, Zip Code

Required Information:

Social Security Number	DOB (MM/DD.YY)	Dates attended DHS:
Other Names Used at DHS	Telephone No. ( ) -	Date of Request
Student Signature	Number of copies @ $3.00 each	Paid $ _____ Receipt # _____
OFFICE USE ONLY **PROCESSED BY:**		**Date**

Transcripts may be released only with the student's written authorization. ALLOW at least 3 to 5 business days for processing, except during peak periods when at least 10 business days will required for processing. YOU are responsible for the accuracy of the addresses you supply. YOU are responsible for being aware of the accuracy of your records before you order copies. No requests will be processed until payment has been received. We do not accept requests by fax.