

De La Salle High School  
Graduate/Alumni  
Transcript Request Form

**\$5.00 per Transcript**

**Today's Date:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Year of Graduation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

A De La Salle High School Transcript includes all earned grades at DLS, grades reported by other schools (if applicable).

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I will pick up my transcript

Please mail my transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_

**Fax request to Linda Byrne, DLS Registrar at 925-827-0220 or email to [byrnel@dlsHS.org](mailto:byrnel@dlsHS.org)**

OFFICE USE ONLY:

Fee Paid: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Sent by: \_\_\_\_\_