



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

ROOSEVELT STAY HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Unofficial Transcripts are \$3 per copy and Official Transcripts are \$5 per copy.

Only a MONEY ORDER will be accepted.

Please allow up to two weeks to process all transcript request.

Date Requested: _____

Full Name of the Requestor: _____

Date of Birth: _____

Date/Year of Graduation: _____

Address: _____

Phone: _____ Email: _____

Please check one: **Unofficial** **Official**

Please complete below ONLY if you are requesting for your Official Transcript to be sent to an institution.

Please send an official copy of my transcript to:

Name of Institution: _____

Institution Address: _____

Institution Phone: _____

Institution Email Address: _____