

DARBY SCHOOL DISTRICT

209 School Drive Darby, MT 59829 (406) 821-3841 (ph) (406) 821-4977 (fax) info@darby.k12.mt.us www.darby.k12.mt.us

Student Information:			
Last Name (the name you used when you graduated from DHS)		First Name	M.I.
Graduation Year	Day Telephone Number	Current Name (if	different than above)
Address for Transcript Deliver. Use the space to the right to independent the mailing address where the transcript should be sent. This address will appear on the outside the transcript envelope. Note: You must use separate for you wish to send transcripts to rethan one location.	de of		
Options:			
☐ Pick-up unofficial trans ☐ Pick-up copy of immu ☐ Mail official transcrip ☐ Mail unofficial transc ☐ Mail copy of immunix ☐ Fax unofficial transcr ☐ Fax immunizations — ☐ Email unofficial trans	cript (sealed in envelope for enscript (copy for student) from the office	om the office ## copies. lege) to the address address listed above above.	copies.
Signature and Date:			
Signature: (Signature must accomp	pany any release of information)	(date) Transcripts mailed d	rectly to the student
are sealed closed and bear a star			

Official transcripts bear the Seal of the Darby School District. Transcripts mailed directly to the student are sealed closed and bear a stamp on the envelope to prevent tampering. Despite the seal being present on the transcript, many institutions will require transcripts to be mailed directly from Darby High School to the institution to ensure authenticity. **Please allow 3 working days to process your request.**

To request by mail: Please mail this form to: Darby High School

Attn: Registrar 209 School Drive Darby, MT 59829

To request by fax: Please fax this form to (406) 821-4977

To request byemail: Please email: hssecretary@darby.k12.mt.us

OFFICE USE ONLY
Date Complete:
Official initials: