



Transcript/Records Release Form

Allow One Week for Processing Of All Transcript/Records

Student Name (please print): _____

Date of Birth: _____

Year of Graduation: _____

Email: _____

Reason for Requesting Transcript/Records: _____

This release form enables Dhahran High School send my official transcripts/records to:

Name _____

Mailing address _____

Parent Signature: _____

Parent Cellular Number: _____

Parent Email Address: _____

Date: _____

