

DALLAS HIGH SCHOOL

1250 SE Holman Ave
Dallas OR 97338
www.dallas.k12.or.us



Transcript Request Form

Name:
(MAIDEN NAME IF APPLICABLE)

UNOFFICIAL
OFFICIAL (signed & sealed)

Birthdate:

Did you graduate? **YES** **Class of:**
 OR
NO **Last year attended:**

Home Address:

City, State, Zip:

Phone:

Signature:

Please send a copy of my high school transcript to my address above, or to the college or business address listed below.

Name:

Street Address:

City, State, Zip:

***Mail this completed form to:**

Dallas High School
COUNSELING CENTER
1250 SE Holman Ave
Dallas, OR 97338

***You can also scan and email form to: Linda.Shryer@dsd2.org**

If you have questions, please call 503-831-1975

Steve Spencer, Principal
Shannon Ritter, Assistant Principal
Ashlie Miller, Assistant Principal
Tim Larson, Athletic Director

**HOME
OF THE
DRAGONS**

Main Office 503.623.8336
Fax 503.623.4669
Athletic Department 503.831.1976
Dallas School District 503.623.5594