

# 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:

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*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: [rachel.gillins@dsd2.org](mailto:rachel.gillins@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