



**FATHER DUEÑAS
MEMORIAL SCHOOL**

Transcript Request Form

FATHER DUEÑAS MEMORIAL SCHOOL
P.O. Box FD, Hagatña, Guam 96932
tel: (671) 734-2261/3 ♦ fax: (671) 734-5738
fdms@fatherduenas.com

School transcripts are considered confidential information and can only be mailed, emailed or picked up in person. If you are an individual requesting a transcript for another person who is over 18 years of age, we require written permission from the person in question prior to releasing any records. Parents also need written permission if their child is now over the age of 18. Cost per transcript is \$5.00.

Transcript Request Date: _____ Request by: _____ Relationship: _____

Student Name: _____ Date of Birth: _____ Year of Graduation: _____

Number of Copies/Total Fee: _____ Request transcript to be: _____ Type: _____
 _____ x \$5.00 = \$ _____ Mail Pick Up Email (unofficial) Official Unofficial

Purpose of Transcript: College Scholarship Employment Other

Name of Institution: _____ Address to be Mailed: _____ Email (unofficial transcripts only) _____

Name of Institution: _____ Address to be Mailed: _____ Email (unofficial transcripts only) _____

Name of Institution: _____ Address to be Mailed: _____ Email (unofficial transcripts only) _____

Please prepare transcript(s) as requested above.
 Authorized Signature of Student: _____ Date: _____

Do not write below this line. Office use only.

Amount Paid:	Payment Rec'd By:	Transcript Prepared By:	Date: Mailed / Emailed / Picked Up
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