

DENVER PUBLIC SCHOOLS
Montbello High School
REQUEST FOR OFFICIAL TRANSCRIPT

Student ID# _____

I, _____ Date of Birth _____

Request an official transcript to be sent to:

Name School/Organization: _____

Complete Address: _____

OR **given** to: _____ Administrator _____ Special Program Rep

The first **two** transcript copies will be free. All others cost three dollars (\$3.00) each, cash or money order. Allow 24-48 hours for request to be sent.

The receipt from the Treasurer must accompany this request.

I authorize release of this records. _____

Signature

Date