

DE SOTO HIGH SCHOOL TRANSCRIPT REQUEST

De Soto High School Office
Transcript Request
615 Main Street
De Soto, WI 54624

Please print your information

Date _____

Name _____ Phone _____

Name when enrolled at DHS _____

Date of birth _____ Last Year of Attendance _____

Did you graduate from DHS? _____ Year of Graduation _____

Where would you like the transcript sent?

Recipient Name _____

Address _____

City _____ State _____ ZIP _____

Signature _____