



Decatur Township School for Excellence
5106 South High School Road Indianapolis, IN 46221
Phone: 317-856-0900 Fax: 317-856-0143

Transcript Request Form

I, the undersigned, give permission for DTSE to release my official transcripts and/or scholastic record in the manner indicated below.

Full Name at time of attendance: _____

Current Legal Name: _____

List year of graduation or last attended: _____ Date of Request: _____

Signature: _____

☐ I will pick up my transcript when available, select method to be contacted

Please call (_____) - _____ - _____ when transcript is ready to pick up

Please email me at: _____

☐ Email a PDF copy

Name of business/school/agency: _____

Email address: _____

☐ Fax a PDF copy

Name of business/school/agency: _____

Fax to : (_____) _____ Attn: _____

☐ Mail an official copy to:

Name of business/school/agency: _____

Address: _____

City: _____ State: _____ Zip: _____

When available, transcripts will include unofficial SAT/ACT scores, graduation exam scores, GPA, class rank and any record of immunizations as time of attendance. Official SAT scores should be requested at www.collegeboard.org & Official ACT scores should be requested at actstudent.org

For Office Use Only
Date Processed _____
By _____