



# Saydel Community School District Transcript Request Form

Please complete the form below and return to:  
Saydel District Office, 5740 NE 14th Street, Des Moines, IA 50313  
Phone: 515-264-0866 Fax: 515-264-0869

Today's date: \_\_\_\_\_

Your full name: \_\_\_\_\_

**Your address:**

Street address: \_\_\_\_\_

City, State and Zip or Postal Code: \_\_\_\_\_

Country if outside U.S.: \_\_\_\_\_

Your phone: \_\_\_\_\_

Your email: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Your full name at graduation (if different): \_\_\_\_\_

Date of graduation, or last year attended, or calendar year(s) of transcripts requested: \_\_\_\_\_

Number of transcripts requested: \_\_\_\_\_

**Address to send transcripts:**

Organization: \_\_\_\_\_

Department or Recipient: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country if outside U.S.: \_\_\_\_\_

Fax to: \_\_\_\_\_

Will pick up at:     District Office     Saydel High School

Email to: \_\_\_\_\_

Signature: \_\_\_\_\_