

**Please return to:**

Chantelle Thomasson  
University and Careers Counsellor  
Deira International School  
Dubai Festival City  
Dubai  
PO Box 79043  
[cthomasson@disdubai.ae](mailto:cthomasson@disdubai.ae)

**Transcript Request**

Passport Name (please print): \_\_\_\_\_  
Date of birth (dd/mm/yyyy): \_\_\_\_\_  
DIS start date: \_\_\_\_\_  
DIS leaving date: \_\_\_\_\_  
Final grade completed (e.g. Year 11, IB2): \_\_\_\_\_

Applying to: \_\_\_\_\_ (institution name) \_\_\_\_\_ (country)  
School/College deadline: \_\_\_\_\_

**Select one option:**

- I will collect the transcript from DIS
- I would like the transcript to be emailed to me
- I would like the transcript to be EMAILED directly to the institution
- I would like the transcript to be EMAILED directly to the institution (Transcripts will be placed in a sealed envelope and can be collected from Secondary admin. The school will not post transcripts)

Contact phone number: \_\_\_\_\_  
Contact email: \_\_\_\_\_

**Receiving address (if it is to be sent direct to the institution):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special requests:**

Please detail below any special requests that you or the school/college has for the transcript.

**Important:**

- Please expect 10 days preparation time (not including delivery)
- This form needs to be signed by the graduate/former pupil or by a parent or guardian for children under the age of 18 years old

I request a copy of my transcript be processed as outlined above and will not hold the school responsible for timelines established by receiving agencies or issues related to shipping.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

*"Forever learning, forever achieving"*

P.O. Box 79043, Dubai, United Arab Emirates Tel: +971 4 2325552 Fax: +971 4 2325151 [www.disdubai.ae](http://www.disdubai.ae)