



DINÉ COLLEGE
Office of Admissions
P.O. Box C-02
Tsaile, Arizona 86556



OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

TO: *(High School's name and mailing address)*

I have applied for admission to Diné College and I am requesting for my OFFICIAL High School Transcript *(Stamped & Sealed)* to be mailed to the following address:

Diné College Office of Admissions
P.O. Box C-02
Tsaile, Arizona 86556

High School Transcript Date of High School Graduation: _____

High School
Equivalency Score (GED) Date of Equivalency (GED) Received: _____

Student Information

Full Name: _____ Maiden: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

If for any reason, this attestation of high school graduation or GED completion is found to be false or untrue, I understand that I will not have met an admission requirement for Diné College and I will not be considered a regular student and, thus, will be subject to immediate dismissal.
Furthermore, I understand that if this attestation is found to be false or untrue, all Title IV financial aid and any state or institutional financial aid that was distributed on my behalf must be refunded to the appropriate source and that I will be responsible for payment to Diné College for any and all money refunded.
By my signature below, I attest that the information provided above is true and correct to the best of my knowledge. I authorize Diné College to contact my high school or GED testing facility to confirm the accuracy of the above information.

Authorized Signature: _____ Date: _____

Diné College Office of Admissions admissions@dinecollege.edu
P.O. Box C-02 Tsaile, Arizona 86556 Phone: (928) 724-6634/6638 Fax: (928) 724-3349