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: _____

It is the policy of the Saydel Community School District not to illegally discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact the district's Equity Coordinator, Alex Stubbers, Director of Student Services, 5740 NE 14th Street, Des Moines, IA 50313; stubbersalex@saydel.net; 515-264-0866.