

DELAND HIGH SCHOOL TRANSCRIPTS
A PHOTO ID IS REQUIRED
WILL BE PROCESSED WITHIN 48 HOURS

NAME: _____	ALPHA ID: _____
YEAR OF GRADUATION: _____	DATE OF BIRTH: _____
	PHONE # _____

\$1.00 per Copy	<u>PICKUP SECTION ONLY</u>	Paid _____
<u>(ATTENTION: IF TRANSCRIPT IS NOT PICKED UP WITHIN 30 DAYS OF REQUEST IT WILL BE SHREDDED!!!)</u>		
<input type="checkbox"/> Number of transcripts needed _____.		
If someone other than student will be picking up transcript please list person(s) name here: _____		
I authorize Deland High School to release information specified to the individual named above: _____		
		Signature and Date (Parent MUST sign if student is under 18)
Date and Signature when student received transcript _____		

\$1.00 per Copy	<u>MAIL SECTION ONLY!</u>	Paid _____
<input type="checkbox"/> Mail transcript to school(s)/agency(s) shown below: (Must include complete mailing address)		
Name _____	Name _____	
Address _____	Address _____	
_____	_____	
Name _____	Name _____	
Address _____	Address _____	
_____	_____	
Name _____	Name _____	
Address _____	Address _____	
_____	_____	
I authorize Deland High School to release information specified to the individual named above: _____		
		Signature and Date (Parent MUST sign if student is under 18)
Date and Signature when student received transcript _____		

***PLEASE NOTE:* ADDRESSES MUST BE FOR THE ADMISSIONS OFFICE OF THE SCHOOL. ANY INCORRECT ADDRESSES MAY RESULT IN ADDITIONAL CHARGES IF THE TRANSCRIPT HAS TO BE RESUBMITTED. THANK YOU**