

TRANSCRIPT REQUEST FORM

DELAND HIGH SCHOOL

A PHOTO ID IS REQUIRED (THIS INCLUDES REQUESTS THROUGH THE MAIL)

WILL BE PROCESSED WITHIN 48 HOURS

NAME: _____ ALPHA ID: _____

YEAR OF GRADUATION: _____ DATE OF BIRTH: _____ PHONE # _____

\$1.00 per Copy

PICKUP SECTION ONLY

Paid _____

(ATTENTION: IF TRANSCRIPT IS NOT PICKED UP WITHIN 30 DAYS OF REQUEST IT WILL BE SHREDDED!!!)

I need _____ transcript for pickup

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

Date and Signature when student received transcript _____

\$1.00 per Copy

MAIL SECTION ONLY!

Paid _____

Mail transcript to school(s)/agency(s) shown below: (Must include complete mailing address)

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

I authorize Deland High School to release information specified to the individual named above: _____

Signature and Date

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 TRANSCRIPT HAS TO BE RESUBMITTED. THANK YOU