

DELAND HIGH SCHOOL TRANSCRIPTS

**YOU MUST ATTACH A COPY OF A PHOTO ID WITH THE APPLICATION AS WELL AS THE REQUIRED \$1 FEE PER COPY OR THE REQUEST WILL NOT BE PROCESSED**  
TRANSCRIPTS WILL BE PROCESSED WITHIN 3 BUSINESS DAYS AND AVAILABLE FOR PICK UP AT THE FRONT GATE

NAME: \_\_\_\_\_ ALPHA ID: \_\_\_\_\_  
YEAR OF GRADUATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE # \_\_\_\_\_

**\$1.00 per Copy**

**PICKUP SECTION ONLY**

**Paid** \_\_\_\_\_

**Please call ahead to be sure your transcripts are ready before you arrive. Transcripts not picked up within 30 days of request will be shredded.**

Number of transcripts needed for *pick up*: \_\_\_\_\_.

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**

**Date**

Date and Signature when student received transcript \_\_\_\_\_

**\$1.00 per Copy**

**MAIL SECTION ONLY**

**Paid** \_\_\_\_\_

**If mailing to a college/university, 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.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

I authorize Deland High School to release information specified to the individual(s) named above: \_\_\_\_\_

**Signature**

**Date**