

Delta Charter High School Transcript Request Form

PLEASE ALLOW 2 DAYS FOR REQUEST

Date of Transcript Request: _____

Student Name: _____ Date of Birth: _____

Phone Number: _____

Address: _____

YEAR of GRADUATION _____

Year last attended _____

Name at time of graduation, if different: _____

Please check box below and indicate amount:

_____ OFFICIAL TRANSCRIPTS _____ UNOFFICIAL TRANSCRIPTS

For tracking purposes: please state where transcript(s) is being sent.

****IF YOUR TRANSCRIPT IS TO BE MAILED, PLEASE SUBMIT A STAMPED, ADDRESSED ENVELOPE FOR EACH TRANSCRIPT REQUESTED.

Requesting Signature _____ **Date:** _____

*****FOR OFFICE USE ONLY*****

DATE COMPLETED _____ INITIALS _____

PHONE CALL TO PICK UP: _____ MAILED: _____