

DELONE CATHOLIC HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Student: _____
(maiden name, if applicable)

Date of Birth: _____

Homeroom: _____
(if applicable)

Year of Graduation: _____ Reason for Release _____

High School Guidance Counselor _____

I hereby authorize Delone Catholic High School to release a copy of my entire permanent record (transcript) to the following:

Transcript #1	
Deadline Dates	Postmarked _____
	Received _____
ATTN: _____	
Name of Agency/School	
Address	

Transcript #2	
Deadline Dates	Postmarked _____
	Received _____
ATTN: _____	
Name of Agency/School	
Address	

Transcript #3	
Deadline Dates	Postmarked _____
	Received _____
ATTN: _____	
Name of Agency/School	
Address	

Transcript #4	
Deadline Dates	Postmarked _____
	Received _____
ATTN: _____	
Name of Agency/School	
Address	

Date Request Received

 Signature of Parent, Guardian or Adult Student*

Address

Telephone #: _____ Cell Phone #: _____

Date: _____

A student 18 years or older may sign this release without the permission of parent or guardian.

Note: A \$4fee is charged for each transcript.